STATE OF MARYLAND—CERTIFICATE OF DEATH

1	. PLACE OF DEATH	1 MAKI	LAND	CERTIFICATE OF BEATH	
	County Washing	atomi		Registration Dist. No.	1 2
	Village or City Hage	11/2	enerare	No 3 4 8	
	9	Sale Carlo	(If	death occurred in a hospital or institution, give its NAME instead of street and	number)
	Length of residence in city or town where de	eath occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsn	nosds.
2	FULL NAME Eugen	el ga	llen	If U. S. Veteran, specify WAR	
	(a) Residence: No. 3 4 8	(Usual place of	th	St., 2 Ward.	1.0
	PERSONAL AND STATISTIC			If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	1 State
3. 5	EX 4. COLOR OR RACE	5. SINGLE, MARR	IED, WIDOWED,	21 DATE OF DEATH	
V	nake white	OR DIVORCED	(write the word)	(Month) (Day)	, 193
5a.	If married, widowed, or divorced HUSBAND of				(Year)
	(or) WIFE of			22. I HEREBY CERTIFY That I attended Auf 23 1936 to Auf 23	deceased from
6 1	DATE OF BIRTH (month, day, and year)	ept 2	3-1936	1 lest saw h. 4 elive on Aug 23 1936	: death is said
7. /		Days	If LESS than	to have occurred on the date stated above, at 120 m.	, death 15 Said
			1 day,hrs. ormin,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	4
z	8. Trade, profession, or particular				Date of onset
T10	kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc			acute myo cardet	
UPA	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			<i>O</i>	
OCCUPATION	10. Date deceesed lest worked at this occupation (month and	11. Total tim	e (years)		
	year)	occub	In this ation	Other Centributery Causes of Importance	
12.	BIRTHPLACE (city or town)	geist	own	Other Constributory Capoes of Importance:	
	(State or country)	may	0	"anly +)	
FATHER	13. NAME James W.	ul	Ken		
FAT	14. BIRTHPLACE (city or town)	1-76		Name of operation Date of	
	(State or country)	p 0	0 - 1	What test confirmed diagnosis? Was there an	autopsy?
MOTHER	15. MAIDEN NAME Make		ccord	23. If death was due to externel causes (VIOLENCE) fill in also the following	
MO	16. BIRTHPLACE (city or town) (State or country)	ma	•	Accident, suicide, or homicide? Date of Injury	, 19
	N 146. 60	Plan	10	Where did Injury occur? (Specify city or town, county and Sta	te)
17.	(Address) Hage	istou	on my	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PL	ACE.
18.	BURIAL, CREMATION, DR REMOVAL	9/	- 11	Manner of injury	
	Plece H Ce guilloum	Date	4.4.,19.3.6	Nature of injury	
19.	UNDERTAKER Co. M. Su	ter Y.	Sons,	24. Wes disease or injury in any way related to occupation of deceased?	
-	(Address) Hages	Blow	n, ma	If so, specify ————————————————————————————————————	
20.	FILED 7 - 24-, 1936 CM	affile	serels)	(Signed)	M. D.
			Registrar.	(Address)	me,

. S. No. 1

N. B.

PHYSICIANS should state

Exact statement of OCCUPA-

-WRITE PLAINEY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

stated EXACTLY.

AGE should be

mation should be carefully supplied.

TION is very important.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: CT 6 1936	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis RIPEAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA.

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

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N. B.-WRITE PLAINLY

V. S. No. 1

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MANGIN RESERVED FOR DINDING	VITH UNFADING INK-THIS IS A PERMANENT R
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DART	UNFA
	/ITH

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE O	F DEATH			2.	
County	Washington			Registration Dist. No	304
Village or C	city Hancock			No.	St Ward
Length of resi	idence in city or town where	death occurred_2	(If Qyrsmos.	death occurred in a hospital or institution, give its NAME instead of ads. How long In U.S. if of foreign birth?yrs	treet and number)
2. FULL NA	ME Samuel L	Andre	ws	If U. S. Veteran, specify WAR.	
(a) Residen	ce: No. Hancock	C. Md. (Usual place	of abode)	St., Ward. If nonresident give city or	town and State
PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DE	ATH
Male	4. COLOR OR RACE White	5. SINGLE, MARI OR DIVORCEI Marr	RIED, WIDOWED, O (write the word) ied	21. DATE OF DEATH September 27 (Month) (Day)	, 193 6 . (Year)
5a. If married, widow HUSBAND of (or) WIFE of		S. And	rews	22. I HEREBY CERTIFY, That I argust 3, 1936, to Sept.	
	(month, day, and year)	January	29, 18 72	I last saw ham alive on Dept 26	, 19.26.; death is said
7. AGE Yaa 64		Days 29	If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at 3:10 m. The PRINCIPAL CAUSE OF DEATH and related causes of importa were as follows:	Me ince
kind of SAWYER SAWYER Industry or work wa SAW MII	ssion, or particular work dona, as SPINNER, BOOKKEEPER, etc businass in which s done, as SILK MILL, LL, BANK, etc		Painter	approduction	Bug .92 Sufft 25,
	ed last worked at pation (month and	sper occu	me (years) It in this pation	Other Contributory Causes of importance:	
12. BIRTHPLACE (ci	ntry) Pa.				
13. NAME S	tephen Andr				
	(city or town) Unkr	own ork		Name of operation	Date of
16. BIRTHPLACE	ME Samantha (city or town) Unk	nown known	in to to the	23. If death was due to external causes (VIOLENCE) fill in also the Accident, suicide, or homicide? Date of Injur Where did injury occur?	following:
17. INFORMANT (Address)	Mrs. Blanch Hancock, Md	•		(Specify city or town, count Specify whether Injury occurred in INDUSTRY, In HOME, or in Pl	y and State) JBLIC PLACE,
18. BURIAL, CREMA	respyterian	Cemete & Date Sept	ry 2919.36	Manner of injury	
	Snyder ROwl	and	4	24. Was disease or injury in any way related to occupation of dece	asad?
20. FILED Safe	F. 27, 1936 J	. V. Jen	Registrar.	(Signed) / Journal / (Address)	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
of importance were as			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr		1921	Run over by street car	1 week ago
Cerebral hemorrhage	001 7 1930	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

S. No. 1

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STATE OF MARYLAND-CERTIFICATE OF DEATH should state OCCUPA-Every item of infor-1. PLACE OF DEATH Village or City Jo (If death occurred in a S Length of residence in city or town where death occurred statement PHYSICIAN (a) Residence: Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OR DIVORCED (write the word) CLOW classified. H 5a. If married, widowed, or divorced HUSBAND of 22. (or) WIFE of Ulle × 6. DATE OF BIRTH (month, day, and year) 回 certificate. properly 7. AGE Days If LESS than Months to have occurred 1 day, hrs. The PRINCIPAL or min. were as follows 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ OCCUPATION be jo 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc...... may back should 10. Date deceased last worked at 11. Total time (years) on this occupetion (month and spent in this occupation that See instructions 08 12. BtRTHPLACE (city or town WITH UNFADI (State or country) supplied. CAUSE OF DEATH in plain terms, FATHER 14. BIRTHPLACE (city or tow) Name of operation (State or country) mation should be carefully What test confirm HER very important. 15. MAIDEN NAME 23. If death wes d MOT Accident, suicide 16. BIRTHPLACE (city or town) WRITE PLAINE (Stete or country) Where did injury Specify whether 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL S Manner of injury Nature of injury TION 24. Was disease of 19. UNDERTAKER (Address) If so, specify ...

- 93-D	
	No. 302
hospital or institution, give its NAME instead	
v long In U.S. if of foreign birth?	yrsds.
U. S. Veteran, specify WAR	
_Ward. If nonresident give ci	ty or town and State
IEDICAL CERTIFICATE OF	DEATH
F DEATHS ENT 10	Day) (Year)
(Month) ((Year)
HEREBY GERTIFY, THE	hat I attended deceased from
elive on Apt 9	136; death is said
on the date stated above, at 20	A.
CAUSE OF DEATH and related causes of in	mportance
	Date of onset
vi haveable	Radel
1	
you Sithille allende	da
for a number of year	- He
Causes of impostance:	
Causes of impostance: (Now - Thoragree say She	v. (4 .)
On	1.
ned diegnosis?	
ue to external ceuses (VIOLENCE) fill in ais	
, or homicide? Date of	f injury, 19
(Specify city or town,	county and State)
(Specify city or town, injury occurred in INDUSTRY, In HOME, or	r in PUBLIC PLACE.
r injury in any way related to occupation o	f deceased?
(11,000	
Muerale Lange tous	7 My)

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Registrar.

(Signed)_

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

	S	TATE C	F MARY	LAND-	CERTIFICATE OF DEATH	19575
1.	PLACE OF DEA	TH/	1		(82·a)	E(E)
	County //a	slung/	oge		Registration Dist. No.	306
	Village or City	meetis	town	mel	NoSt	Ward
	Length of residence In ci	ty or town where d	leath occurred 5		death occurred in a hospital or institution, give its NAME instead of street and included. How long in U.S. if of foreign birth?	
2.	FULL NAME	Nune	2/3-19	riple		
	(a) Residence: No		(Usual place of	(shods)	St., Ward.	10.
	PERSONAL AN	D STATIST			If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	I State
3. S		R OR RACE	5. SINGLE, MARE		21. DATE OF DEATH	, 193 6
5a. I	If married, widowed, or divo HUSBAND of (or) WIFE of		love_	/	(Month) (Day) 22. I HEREBY CERTIFY. That I atlended	(Year)
9	1-1	-18x2	700		lung 20 ,1936, 10 39/15	, 193.
6. D	ATE OF BIRTH (month, day GE Years		1 5	1 111500 11		.; death Is said
/. A	GE TEATS	Months	Days 14	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
NOI	8. Trade, profession, or pa kind of work done, SAWYER, BOOKKEE	as SPINNER.	nou	_	asternoslesusis	Date of onset
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.					
000	10. Date deceased last wor this occupation (mor year)	ked et	11. Total tir	ne (yeers) t in this pation		-
12.	BIRTHPLACE (city or town) (State or country)	Vear	Sinis	Esting	Other Contributory Causes of importance: Control Mensage	5 days
FATHER	13. NAME Sea	ral 8	regular	in		-
	14. BIRTHPLACE (city or to (State or country)	wn) la	Co. 1	ud f	Neme of operation Date of	
E	15. MAIDEN NAME 16. BIRTHPLACE (city or to (State or country)	egabe Wash	Siniz Co mi	ly bong	23. If death was due to external causes (VIDLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur?	g:
17. 1	NFORMANT JAS (Address) June	Torque	a. Beli	2	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PL	e) ACE.
18. E	BURIAL, CREMATION, DR R	EMDVAL y Mary	Date Sep	17,198C	Manner of Injury	
19, (JNDERTAKER (Address) Sin	ites be	Joons	2	24. Was disease or injury In any way related to occupation of deceased? If so, specify	
20. F	TILED Sept 16, 1	93 le 16	Seo W. F	Registrar.	(Signed) MD Mefacurer (Address) Smillsburg M	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Arteriosclerosis	POWED	1915	Attack of epilepsy	1 week ago
Chronic interstilial neg	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	CCT 7 1938	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

09576

1. PLACE OF DEATH	942
County Washington	Registration Dist. No. 362
Village or City Mangansmille	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmos,ds.
Day a pol	
2. FULL NAME Mary E. Buchanna	If U. S. Veteran, specify WAR
(a) Residence: No. Manganantle (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Jessale white Profession with the word)	(Month) (Day) (Year)
83. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of John C Buchaman	Agad de asperol 19
6. DATE OF BIRTH (month, day, and year) Tes 25-1865	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1230 Pm.
7 () 9 2.3 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	From this try this cause
3. Industry or business in which work was done, as SILK MILL,	A
SAW MILL, BANK, etc	I death. Coronan Occlusion Lest
0 10. Date deceased last worked at this occupation (month and year)	18, 1930
974	Other Contributory Causes of importance
12. BIRTHPLACE (city or town) (State or country)	The state of the s
	no seem the above thatting
Ξ / ω /	myronder a rolling
4. BIRTHPLACE (city or town)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
E To	23. If death was due to external causes (VIOLENCE) fill in also the following:
2 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State of County)	Where did Injury occur?
17. INFORMANT James M. Jacksannan (Address) Hanganaille Md	Specify whether injury occurred in IADUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Beaudfarding Charloste Sept 20, 1936	Nature of Injury
19. UNDERTAKER Scott 7. Manual Ison	24. Was disease or injury in any way related to pecupation of deceased2
(Address) Naguatown and	If so, specify
20. FIRED SELT 20 19 36 CHALF Bower	(Signed) M.D.
Registrar.	(Address) Hagens form (Me).

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 007 g 1036	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The Maria Strategy of the Stra			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BX	PHYSICIAN
		100				

AGE should be stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important.

See instructions on back of certificate.

N. B.

STATE OF MARYLAND—CERTIFICATE OF DEATH

- 6	8	11	po-	0.00	0.0.4
	-1	24	5	1	7
,	,	U	11	6	0

1. PLACE OF DEATH	(6)	
County Chashington	Registration Dist. No.	307
Village or City yavrowaburg	No	St., Ward
	death occurred in a hospital or institution, give its NAME instead of a long. How long in U.S. if of foreign birth?yrs	
2. FULL NAME 18 32545 VIOLINIA CONTIL	Carter If U. S. Veteran, specify WAR	
(a) Residence: No. Y arrobushing me	d. St., Ward.	
Usual place of abody	If nonresident give city or	
PERSONAL AND SYATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DE	ATH
Levels white OR DIVORCED (write the word)	21. DATE OF DEATH DELECTION (Day)	193.6 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of arrived	1 HEREBY CERTIEY, That I	attended deceased from
6. DATE OF BIRTH (month, day, and year) (28 - 1882	I last saw had alive on The	., 193.6 ; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 7.2 A.m.	
53 10 3 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and elated causes of imports were as follows:	Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.		
9. Industry or business in which work was done, as SILK MILL,	C A A/A!	1 1
SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this occupation (mon	Cushel Hemoules	in poptilie
yaar)	Othar Contributory Causes of Importance:	
12. BIRTHPLACE (city or town)	a training	
10.6	angua peterson	
14. BIRTHPLACE (city or town) 7 wast Royal	Name of oparation.	Date of
(State or country)	1000	thara an autopsy?
15. MAIDEN NAME Many Hoffmanter	23. If daath was due to external causes (VIOL ENCE) fill in also the	
15. MAIDEN NAME Day Jeffratus 16. BIRTHPLACE (city or town) January	Accident, suicide, or homicide? Date of Injur	ry, 19
E (State or country)	Where did Injury occur?	10
17. INFORMANT Mr. Leo, a youking (Address) Land I & Joseph	Specify whether injury occurred in INDUSTRY, in HOME, or in P	UBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL	Mannar of injury	
Place Drumawill Date Osfof. 3, 1936	Nature of Injury	
19. UNDERTAKER DU & DONE TAY (Address)	24. Was disease or injury/n any way related to occupation of dace	easad? 148
20. FILED SEpt 3 , 1936 Compline A. Castle	(Signed) VAROLUGE WILL	M. D.
Registrar. If more blanks are needed, address State Revistrar.	(Addrass)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
Jaly 5, 1927	Peritonitis	3 days ago
and the same of		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car Jaly 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

EATH	0	9	5	7	8	

1. PLACE O		on HIN go		(159)	1>
County	Washingt	15	*On,	Registration Dist. No.	7
	ity Hagerst		TATA CIMIT OF	No. 895 W. Washington St., death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of res	idence in city or town whera d	leath occurred	yrsmos	Ads. How long in U.S. if of foreign birth?yrs	osds.
2. FULL NA	ME John H	enry Cl	audy	If U. S. Veteran, specify WAR	
(a) Resider	ce: No. 895 W.	Washin	gton Stre	e tSt., Ward. If nonresident give city or town and	1 C
	IAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	1 State
3. SEX	4. COLOR OR RACE	E SINCLE MAR	DIED WIDOWED	21. DATE OF DEATH	
Male	White	OR DIVORCE Sing	D (write the word)	September 14,	, 193 6 (Year)
5a. If marriad, widov HUSBAND of	ved, or divorced				,,,,,
(or) WIFE of				22. I HEREBY CERTIFY, That I attended Sept. 13 ,1936, to Sept. 14	, 1936
6. DATE OF BIRTH	(month, day, and year) S	eptembe	r 13,1936	1 last saw him alive on Sept 13,1936	; death is said
7. AGE Yes	O Months	Days O	If LESS, than I day,hrs. ormin.	to have occurred on tha date stated above, at 4:00 Am. The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:	Date of onset
8. Trade, profe	ssion, or particular work dona, as SPINNER,	Tofont	Ob:la		
- L	work dona, as SPINNER, , BOOKKEEPER, etc business in which	Infant	Chila	Premature 7½ months	
SAW MI	s dona, as SILK MILL, LL, BANK, etc			gestation.	
11113 0000	sed last worked at pation (month and	Sp6	time (years) ent in this upation		
12. BIRTHPLACE (c (Stata or cou	11 01 10 HII/	tow, Md	•	Other Contributory Causes of importance:	
IS. NAME W	ilson Claud;	У			
13. NAME W	E (city or town) Fran	klin Co Md. <i>Pa</i>	unty	Name of operation	
15. MAIOEN NA	ME Louise Sta	aubs		23. If death was due to external ceuses (VIOL ENCE) fill In also the Tollowin	ig:
	E (city or town) Washing country)	ngton C	ounty	Accident, suicide, or homicide?NQ	
17. INFORMANT (Address)	Wilson Clau Hagerstown,	dy Md.	A	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ite) LACE.
18. BURIAL, CREMA	rion, or removal • Paul's Cer		t. 15 _{,19} 36	Menner of injury	
19. UNDERTAKER	Fred W. Kra	aiss,	1	24. Was diseese or injury in any way related to occupation of deceased?	No
20. FILED SELT	15 ,1936	idsto	Poccess Registrar.	(Signed) Ed Carolett MD.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I		Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	OCT 8 1926	July 5, 1927	Peritonitis	3 days ago
	RUTERUV. S.			
Other contributory c	auses of importance:	IJ.	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. N. B.

	CERTIFICATE OF DEATH
1. PLACE OF DEATH County Washington	<u> </u>
County Washington " " "	Registration Dist. No. 302
Village or City Hageistown 11MI	No Washington County Hard 3 Ward
(if	death occurred in a hospitator institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	
2. FULL NAME SULL Boun & Miles	It U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male white OR DIVORCED (write the word)	Sept. 29 , 193 6
5a, If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
4-79-1031	500 mm, 19
6. DATE OF BIRTH (month, day, end year)	I lest saw h alive on
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEFPER, etc	till hote - blueting hot
Industry or business in which	[24.6)
work was done, as SILK MILL, SAW MILL, BANK, etc	
D 1D. Date deceased last worked et 11. Total time (years) this occupation (month and spent in this	
year) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME Charles Cosens.	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) I 15. MAIDEN NAME brame Which	What test confirmed diagnosis? Was there en autopsy?
I .	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
Phase of State of State of Al	Where did Injury occur? (Specify city or town, county and State)
17, informant (Address)	Specify whether Injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place 7/1 & Sang Date 7/30, 1936	Nature of injury.
la Me S. Tage	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	/If so, specify
9-30-36 What HB - vers	(Signed) July J William M.D.
20. FILED Registrar.	(Address) Maggestown lud
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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E	Example I		Example II	
The principal cause of dea of importance were as foll	ath and related cau	ISES Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	OCT 6 19	136 1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V	July 5,192	7 Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,192	3 Gastroenteritis	1 year

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SI NUSE mation

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II.

DEATH

OF

that

Registration Dist. No. If U.S. Veteran, specify WAR, If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Month) (Yaar) F.Y. That I atlended deceased from The PRINCIPAL CAUSE OF DEATH and related causes of Importance Date of onset Name of operation_ What test confirmed diagnosis? Was thera an autopsy? Accident, suicide, or homicide? Whera did injury occur?___ (Specify city or town, county and Slate)
Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. Manner of Injury Nature of Injury

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred mos.____ds. How long in U.S. if of foraign birth?_____yrs.____mos.____ds. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of av 10-1870 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than Months Days I day.____hrs. 20 or min. 8. Trede, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.... 9. Industry or business in which Work was done, as SILK MILL, SAW MILL, BANK, elc. 10. Data decaasad last worked at 11. Total tima (yaars) this occupation (month and year) spent in this (State or country) FATHER 14. BIRTHPLACE (cily or town (Stata or country) MOTHER 15. MAIOEN NAME 23. If death was due to externel causes (VIOLENCE) fill in also tha following: 16. BIRTHPLACE (city or town) (State or country (Address) GREMATION, OR REMOVAL 24. Was diseese or injury in any way ralated to occupation of deceased? 19. UNOERTAKER (Address) II so, specify M. D. 20. FILEO. Registrar. (Address)

8

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis RECEIVED		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage OCT 6 1936	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

No

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11		
	PLACE OF DEATH County WOSKING OR FORATE LIN	4115 67
Vil	llage or City Lagrandom (Not 10 C 7	Lowel
	2FULL NAME By (ril	not
	PERSONAL AND STATISTICAL PARTICULARS	MEI
3 8	SEX 4 COLOR OR RACE SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEA
6 1	DATE OF BIRTH (Month) (Day) (Year)	that I last aw h
7 /	If LESS than day 27hrs.	and that death of
F	a) Trade, profession or articular kind of work b) General nature of industry	
Ь	visiness, or establishment in which employed or (employer)	
9 1	(State or country)	Contributory Secondary
	10 NAME OF FATHER MM	(Signed)
RENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Violent Causes Accidental, Suice
PARE	12 MAIDEN NAME OF MOTHER OF MOTHER	18 LENGTH OF
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrs
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse
	(Informant) Elith V 1 Mos	Former or usual residence
	(Address) 406 MS NOWERMY	IS PLACE OF BU

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred is a hospital or Institu-tion, give its NAME in-stead of street and number.)

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	J-6 19192026
(Month)	(Day) (Year)
17 I HEREBY CERTIFY, That I at	
that I last waw he falive on	19 1925.6
and that death occurred on the date stated	i above, atm.
The CAUSE OF DEATH * was affollows:	Bitte
	W4000000000000000000000000000000000000
(Duration)	yrs. mos ds.
Contributory Secondary	JIS
(Signed)	or, in dealth from
Accidental, Suicidal or Homicidal.	, , , , , , , , , , , , , , , , , , ,
18 LENGTH OF RESIDENCE (For Hospi ients or Recent Residents)	tals, Institutions, Trans-
	te,ds,
Where was disesse contracted,	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	, 19
20 UNDERTAKER	ADDRESS

Registras

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process. Coul mine, etc. Womlaborer, Farm laborer, Laborer—Coul mine, etc. Women at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Civil engineer, Physician, Compositor, Foreman, For many occupations a yrs). For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material Architect, single word or term on Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE (AUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

permanently filed.

data Pictonus) may be stated under the head of "contributory." Ocarbolic acid-probably suicide. The n-ture of the injury, If this certificate is looked over thoroughly and all qu stions American Medical Association.) approved by Committee on Nomenclature ansivered in detail, it will prevent further correspondence. addent; Revolver wound of head-homicide; Poisoned by (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease as fracture of skull, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-(Recommendations on statement of cause of death and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menis essential and must be obtained before the certificate is Never report mere symptoms or terminal condiresulting from childbirth or misearriage as cough; Chronic and consequences (e. g., sepsis, etc. The contributory valvular heart disease; All the

CORD sted EXACTLY, PHYSI- sperily classified. Exact	Village or City Legenston No. 406 M	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 302 St.: 5 Ward) (If death occurred is a hospital or institution, give its NAME is stead of street and number.)
T atec	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A PERMANATORY ACE should be starthat it may be pro-	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH (Mohlh) (Day) (Year)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 that I last saw h alive on 192
ISERVED FC INKTHIS IS ally supplied. A plain terms so nt. See instruct	TAGE O yrs	and that death occurred on the date stated above, at
MARGIN LOLY, TH UNFADIN Information should be car istate CAUSE OF DEATH	which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country)	Contributory Secondary Duration) Who may be a secondary Duration) We may be a secondary When Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos disease contracted
WRITE P	(Informant) (Address)	if not at place of dea.h?
5 2	If more blanks are needed, addre.s State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more process of the loborer, Farm laborer, Laborer—Coal minc, etc. Wom-Spinner, (b) Colton mill; (a) Solesmon, (b) Grocery, (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (d) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servont, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Civil engincer, Physician, housemuid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager, worked on may form part of the second statement. For many occupations a single word or term on without more precise specification as Day Compositor, For persons who have no occupation Stationary firemon, etc. But in many Architect, Locomotive engineer, "'"Deal-

Strtement of Cause of Death—Name, first, the DISEALE CYUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

atic), can "Depility" ("Congenital," "Senile," etc.), "Drcpsy, st.ted unless important. Example: Measles (disease American Medical Association.) approved by Committee on Recommendations on statement of cause of temus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acidaccident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "Uruemia," "Weakness," etc., when a definite disease 'Inanition, " "Marasmus, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, menbe ascertained as the cause. Always qualify all "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY Never report mere symptoms or terminal condi cough; probably suicide. The n ture of the injury, Chronic Carcinoma, Sarcoma, etc., of " "Old Age," "Shock," etc. valvular heart Nomenclature of the The contributory not be diseose; death

If this certificate is looked over thoroughly and all qu stions unawered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I			
Date of onset	The principal cause of importance were		Date of onset
1915	Attack of epilepsy	5 11113	I week ago
1921	Run over by street car	0CL @ 7890 H	Tweek ago
July 5, 1927	Peritonitis	300.	3 days ago
		HOBAIBOBE	
May 1,1923	Other contributory e	auses of importance:	1 year
	1915 1921 July 5,1927	of importance were a struck of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory e	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory eanses of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAL
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	Registration Dist. No. 302
3	nington Co Hospital
	death occurred in a horpital or institution, give its NAME instead of street and number)
08.	
	If U.S. Veteran specify WAR.
1	
	• St., Ward. If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
-	21. DATE OF DEATH Sept, 18, 1936
M	
-	(Month) (Day) (Year)
1	22. A I HEREBY CERTIFY, That attended deceased from
4	Huy 15 ,1936, 10 deny 18 ,1936
J	liast saw h. en alive on Leve 15, 19; death is said
	to have occurred on the date stated above, at 5m.
	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
-	Date of onset
	Hadourd: 2 dro.
	200
-	Other Contributory Canses of Importance:
I	Office Conditioner's Canses of Importance:
	Latestray Factorist 30 h
	Acute.
	Name of operation Date of
	What test confirmed diagnosis 2 C Was there an au'opsy?
	23. If death was due to external causes (VIOL ENCE) fill in also the following:
-	Accident, suicide, or homicide?
	(Specify city or town county and State)
-	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
-	Manage of tall
	Manner of injury
	Nature of injury
-	24. Was disease or injury in any way related to occupation of deceased?
1	If so, specify
7	(Signed) CA CAL M. D.
	(Address) 10.7- (N. Complete) 10- Letter
	NO I C DII D. T. C

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	I	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		•	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYI AND-CERTIFICATE OF DEATH 189585

1. PLACE OF DEATH	.AND C	ERMINERIE OF BEATH OF	, 01,
County		Registration Dist. No. 30	2
Village or City Hagerstown, Washin	agton Co		5
Village of City		eath occurred in a hospital or institution, give its NAME instead of street and nun	Ward
Length of residence in city or town where death occurredy	rsmos	ds. How long In U.S. if of foreign birth?yrsmos.	ds.
2. FULL NAME Vita lo 1)	owne	u ,	
(a) Residence: No. Waynesboro, Pa.		St., Ward.	1
(Usual place of abo	ode)	If nonresident give city or town and Str	ate
PERSONAL AND STATISTICAL PARTICUL	LARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, OR DIVORCED (20)	, WIDOWED.	21. DATE OF DEATH	
Lewal White Widow	senge	Sept 30 ,1	93 6
a. If married, widowed, or divorced HUSBAND of	1 -		(Year)
(or) WIFE of		22. HEREBY CERTIFY, That I attended dec	
11-11-1	1871	dept 16, 1936 to Sept 30,	, 19.3.6.
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days	0/6	I last sawh_e_ alive on slott 20, 19.26; d	eath is sald
	If LESS than	to have occurred on the date stated above, at 50 Pm. M.	
39 11 26 or.	min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	ate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	-		120
9. Industry or business in which work was done, as SILK MILL, Home work			
SAW MILL, BANK, etc			
10. Date deceased last worked at this occupation (month and spent in t	this		
year) occupation	0	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) Louden County,	775	11.	, mos
	Va		ago.
13. NAME W. S. Collins.		0	0
14. BIRTHPLACE (city or town) Va. •		Name of operation amountation leg Date of Les	+30.1931
(State or country) Va •		What test confirmed diagnosis? Was there an auto	nsv?
15. MAIDEN NAME Laura Colli	ns ;	23. If death was due to external causes (VIOLENCE) fill in also the following:	,
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury	19
(State or country) Va.		Where did injury occur?	,,
17, INFORMANT John Benelia	1	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
(Address) Warnesborn 4	20		
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
Place Freen Kill Comoto Date 10/2	, 19.36	Nature of injury	
19. UNDERTAKER Walter yt YsovE	2	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Wayneston Ta	2	If so, specify	
20. FILED 19/1/ 01936 10 Was 1977 30	Registrar.	(Signed) Address) Hagnatown md	M. D.
If more blanks are needed, address		111 N. Charles Street, Baltimore, Roggesting U. S. No. 1.	

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis NOV 6 1036	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

Lorauthoristion s	SPACE FOR FURTHER S	STATEMENTS BY PHYSICIAN	2/11/37 603
		grang fee.	21: 131 013.

or hateur

	STATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH 09586
1. PLACE OF	DEATH	2/17		(159)
CountyW	ashington	MITHIN GORP	074	Registration Dist. No. 50 2
Village or Ci	ty Hagersto	own Md	MITS	No. Wash. Co Hospital St. 3 Ward
l enoth of resid	lence in city or town where (dooth cooursed		f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
	T - 1 171		- 64	
2. FULL NAM	พี่ปีไว้จะ		Pahnesto	JK If M.S. Veteran specify WAR
(a) Residence	e: No.	(Usual place	ALC:	St.,Ward.
PERSON	AL AND STATIST			If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE		RIED. WIDOWED.	21. DATE OF DEATH Sept. 14.936
male	white		(qurite the word)	193
5a. If merried, widowe		18		(Month) (Dey) (Year)
HUSBAND of (or) WIFE of	The second secon	XXXXXX		22. J HEREBY CERTIFY, That I attended deceased from
				Sept 13, 136, to Left 14, 1936
	month, day, and year) Se	pt. 13.	1936	I last saw ham alive on deft 14, 193 4; deeth is said
7. AGE Year		Days	If LESS than I day,7hrs.	to have occurred on the date stated above, at _ O . A . Mn.
X	X	X	ormin.	The PRINCIPAL CAUSE OF DEATH and reteted causes of importence were as follows:
8. Trede, profess	sion, or perticular ork done, es SPINNER,		Wald I I	Date of officer
SAWYER,	BOOKKEEPER, etcusiness in which	XX		Ormaline Unfant
kind of wi SAWYER, 9. Industry or b work wes SAW MILL 10. Date decessed	done, as SILK MILL, ., BANK, etc	XX		
10. Date deceeses	d last worked at	11. Totel ti	me (yeers)	
year)	ation (month end		nt in this upation	62 mo Prematur
12 RIRTHPI ACE (city	or town) Hagers	town M	d	Other Contributory Causes of importance:
(State or count				
13. NAME	Louis Fahne	stock		
14. BIRTHPLACE	(city or town)			Name of operation Dete of
(State or o	country) Washi	ngton	D.C.	Whet test confirmed diegnosts?
15. MAIDEN NAM	E Jane Bo	wser		23. If death wes due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAN	(city or town)		- H	Accident, suicide, or homicide? Date of injury 19
€ (Stete or	(city or town)Will	iamspor	t Md	Where did injury occur?
17 INFORMANT	ouis Fahnes	tock		(Specify city or town, county and State) Specify whether Injury occurred in tNDUSTRY, in HOME, or in PUBLIC PLACE,
(Address)	Hagerstown	Mq		
18. BURIAL, CREMATE				Menner of injury
Place_1_1_1	iamsport Md	di di	141936	Neture of injury
19. UNDERTAKER	Albert Lea			24. Wes disease or injury in eny wey related to occupation of deceased?
(Address)	Williamsg	OIL	i d	If so, specify
20. FILED & ELT	14 1936 11	Waster	Towers	(Signed) A foresteld M.D.
7-	7	, , , ,	Registrar.	(Address) 13 & W Washington

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II .	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis OCT 6 1938	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU	July 5, 1927	Peritonitis	3 days ago
I have been a second to the se			
Other contributory causes of importance:		Other contributes on the Contribute of the Contr	
		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

FOR

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Date of onset

(Day)

Date of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 207 C 1026	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage S.	July 5,1927	Peritonitis	3 days ago
The secretary continues of the second second second			
Other contributory causes of importance:	115.00	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	MARYLAND-CERTIFICATE	OF	DEATH	095
		-		

1. PLACE OF DEATH	CERTIFICATE OF BEATH
County	Registration Dist. No. 3.02
Village or City wear le herro will	No. St., Ward
	(If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Electe Man	Honer.
(a) Residence: No. Alar Ourserie	Le St. Md Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. II married, widowed, or divorced HUSBAND of *	
(or) WIFE of Samuel to Tarres	1 HEREBY CERTIFY, hat I attended deceased from
6. DATE OF BIRTH (month, day, and year) 8-1-1875	I last saw h. A. alive on Lend 26 , 198 G death is sai
7. AGE Years Months Days/9 If LESS than	to have occurred on the date stated above, at
0/ ormin.	The PRINCIPAL CAUSE OF DEATH and related/causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEPER, etc.	D
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Persurious Cessessing 193
SAW MILL, BANK, etc.	
10. Date deceased last worked et this occupation (month and year) spent in this occupation (month and year)	
F. donib to a +	Other Contributors Causes of Importance:
12. BIRTHPLACE (city or town) Sell Sell (M) (M) (State or country) Collemyer (M)	acres of equity
13. NAME Exerts May Forest	
14. BIRTHPLACE (city or town) Harful d from the	Name of operation
State of Foundation	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) Lanfield Fred &	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town). A angulated mayorey	Accident, suicide, or homicidel Date of injury
10 71 10 8 6	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) HagenaTown md. Route He	Specify whether injury occurred the PROUSTRY, III NOWE, of the PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Manner of injury
Place Mr. Wether Date Super 20, 1950	Nature of injury
19. UNDERTAKER Fred. W. Kraiss	24. Was disease or injury in eny way related to occupation of deceased?
(Address) Hages Lange May	If so, specify
20. FILED SYT 12, 1936 Common, Jower Registrar.	(Signed) M. I
If more blanks are needed, address State Registra	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage OCT 6 1936	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year
		- may	

ADDITION AL.	SPACE	FOR	RURTHER	STATEMENTS	PV	PHYSICI	A NI
WINDITIONWE	SEAUE	E OIL	FURTHER	SIMILMINI	DI	THI SICH	177

certificate.

See instructions on back of

TION is very important.

B.

STATE OF	MARYLAND—CERTIFICATE OF DEATH	09589

1. 1	PLACE OF DEATH		<u> </u>	
	County Washings	on	Registration Dist. No. 3.0	2
	Village Dr City Hagers	Moun	No. Washington boundy Horse	3 Ward
	Length of residence in city or town where death	77)	death occurred in a hospital of institution, give its NAME instead of street and ni	
	11-11-	Man Ela	100.)us,
2. 1	FULL NAME TALLE	riag Had	If U. S. Veteran, specify WAR	
	(a) Residence: No. 72/1/2	(Usual place of abode)	St., Ward. If nonresident give city or town and S	State
	PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	4
3. SEX		SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Fe	male white	OR DIVORCED (write the word)	(Month) (Day)	193 (Year)
5a. If I	married, widowed, or diverced USBAND of	0		
(1	or) WIFE of Charles	y.	22. July 28, 19 36 to John 10.	eceasad from
6 DAT	TE OF BIRTH (month, day, and year)	17-1875	l'ar ser mas	: death is said
7. AGE		Days If LESS than	to have occurred on the data stated abova, at 2.120Pm.	
	61 5	3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
z 8	3. Trade, profession, or particular	*	Derletes helletis	14-28-30
2	3. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	reservel	2	
UPATION). Industry or business in which work was done, as SILK MILL,	1 1 1	Hangrens 19. foot.	7-28-36
43	SAW MILL, BANK, etc	11. Total tima (years)	and Marca let	0-8-31
0	this occupation (month and year)	spent in this occupation	Child Ingrated	7-0-
10 BH	Shoe	uand out	Other Contributory Causes of Importance:	
12. 811	(Stata or country)	1		
<u>د</u> ا	B. NAME Richard	Trezise		
FATHER 13	BIRTHPLACE (city or town)	1	Name of operation Irone Date of	
<u>r</u>	(State or country)	aland	What test confirmed diagnosis For. A Scan Was there an au	utopsy2ko
置 15	. MAIDEN NAME THany	Hilton	23. If death was due to external causes (VIOLENCE) fill in also tha following:	
MOTHER 19	6. BIRTHPLACE (city or town)	\sim	Accident, sulcide, or homicide? Date of injury	, 19
Σ	(Stata or country)	CAL	Whara did injury occou?	
17. INI	FORMANT Charles	y Hadles	(Specify city of town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
	(Address) Hagen	stown, ml		
18. BU	Place Huge Source	ate 9/13 1936	Manner of injury	
	Trace 1	ate, 19.	Nature of injury	
19. UN	DERTAKER & M. Sur	Cert tons	24. Was disease or injury In any way related to occupation of deceased?	0
-	(Addrass) Augens	cours ma	If so, specify	
20. FII	ED9-12-,1936-1911	Registrar.	(Signed) W. Novial getter	M. D.
	If more blank		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example. I	h	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
N BU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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FOR

MARGIN RESERVED

1. PLACE OF DEATH

Length of residence in city or town where death occurred

4. COLOR OR RACE

Registration Dist. No.

ds. How long in U.S. if ot toreign birth? yrs. mos. ds.

YTSWICK . If U. S. Veteran, specify WAR

21. DATE OF DEATH

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If merried, widowed, or divorced HUSBAND of (or) WIFE ot

6. DATE OF BtRTH (month, day, and year) 7. AGE Months If LESS than

1 day, -----hrs or min. 8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc....

Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.... 10. Oate deceased lest worked at

(State or country)

11. Total time (years)

spent in this occupation

12. BIRTHPLACE (city or town) (State or country

FATHER 14. BIRTHPLACE (city or town) (State or country)

MOTHER 15. MAIOEN NAME 16, BIRTHPLACE (city or town).

18. BURIAL, CREMATION, OR REMOVAL

19. UNOFRTAKER

Registrar.

(Oey) 1 HEREBY CERTIFY. That I attended deceased from

to have occurred on the date stated above, at ___

MEDICAL CERTIFICATE OF DEATH

The PRINCIPAL CAUSE OF DEATH and related causes of importence

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Oate of enset

Name of operation What test confirmed diagnosis?_ Was there an autopsy?_

(Specify city or town, county and State) Specity whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE

Manner of Injury Nature of injury

24. Was disease or injury in any way releted to occupation of deceesed If so, specify

(Address) (augostow

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage OCT 6 1935	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	

item of infor-	should state	of OCCUPA-	/
RECORD, Every	Y. PHYSICIANS	Exact statement	
A PERMANENT	ted EXACTLY	operly classified.	tificate.
NFADING INK-THIS IS	pplied. AGE should be sta	erms, so that it may be pre	instructions on back of cer-
BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09591

1. PLACE OF	DEATH			11-6	0 - 0
County	Washing	ton		Registration Dist. No	363
Village or City	Big Pool			No. death occurred in a hospital or institution, give its NAME instead of st	St.,Ward
Length of residen	ce in city or town where d	eath occurred 7		death occurred in a hospitator institution, give its INAIVIE, instead of si	
				If U.S. Veteran specify WAR	
(a) Residence:	No Din Da	-terik-tru		St., Ward.	
(a) Nesidence.	No. Big Poo	(Usual place	of abode)	If nonresident give city or t	town and State
	L AND STATIST			MEDICAL CERTIFICATE OF DE	ATH
Male 4	White		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH September 16, (Day)	, 193 6 (Year)
5a. If married, widowed, HUSBAND of (or) WIFE of	or divorced			22. SI HEREBY CERTIFY, That I Slept 12 1936 to Sept	attended deceased from
6. DATE OF BIRTH (mo	nth, day, and year) Ma	arch 23.	1929	Hast saw ham alive on Sept 16,	
7. AGE Years	Months 5	Days 24	If LESS than I day,hrs. ormin,	to have occurred on the date stated above, an O + 15A -m. The PRINCIPAL CAUSE OF DEATH and related causes of importa were as follows:	
9. Industry or bus work was do SAW MILL, 1	k doné, as SPINNER, OKKEÉPER, etc	l 11. Total t	ime (vears)	Unfluenza	9/14/36
12. BIRTHPLACE (city o (State or country	r town)Washing:) Md rles F. Hofe	ten-Count	ntin this upation	Other Contributory Causes of importance:	
	ity or town)Grea		1	Name of operation Mune	Date of
(State or con		Ve.	•	What test confirmed diagnosis? Was:	
(State or co	ity or town) Littluntry) Md	•		23. If death was due to external causes (VIOL ENCE) fill in also the Accident, suicide, or homicide? Where did injury occur? (Specify city or town, count; Specify whether injury occurred in INDUSTRY, in HOME, or in Pt	y and State)
18. BURIAL, CREMATIO	n, or removal Md.	. wa. Se	ot. 19,1936	Manner of injury	
(Addrage)	nyder-Rowlan learspring, 1-1.19.36		Home Registrar.	24. Was disease or injury in any way related to occupation of dece If so, specify (Signed) (Address) (Address)	ver M.D.
	If more	blanks are needed,		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	l	Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

B ż

STATE OF MARYLAND—CERTIFICATE OF DEATH	9959
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1. PLACE OF DEATH	<u> </u>
County Washington	Registration Dist. No. 3 0 3
Village or City Williamsport. Md R.F.D.	No. St. Ward
(1)	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Stillbirth -Hose	If U.S. Veteran specify WAR
(a) Residence: No. Same as above	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH Sept 14936
male white OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of XXXXXXXXXXXXXXX	22. I HEREBY CERTIFY, That I attended deceased from
	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year) Sept. 14, 1936	I last saw h; death is sald
7. AGE Years Months Deys if LESS than 1 dayhrs.	to have occurred on the date stated above et
Stillbirth ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
SAWYER, BOOKKEEPER, etc	J 15
9. Industry or business in which	
work was dona, as SILK MILL, SAW MILL, BANK, etc	(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) #111-1-am sport, -R.F.D.#2 (State or country)	
13. NAME George Hose .	
E	Name of operation Date of
[14. BIRTHPLACE (city or town) Maryland (State or country)	What test confirmed diagnosis? Was there an eutopsy?
# 15. MAIDEN NAME Glendola Boppe	
I I	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Maryland (Stete or country)	Accident, suicide, or homicide?, 19, 19, 19
Dr. Theo Boose	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18, BURIAL, CREMATION, OR REMOVAL	
Place St Pauls Cem. Date Sept. 1519 36	Manner of injury
Albert Leaf	Neture of Injury
19. UNDERTAKER Will-iamsport Md	24. Was disease or injury lar eny way releted to occupation of deceased?
(Address)	If so, specify
20 FILED West 15-1936 Lover M Foell	(Signed) M. D.
Label A Registrar.	(Address) Lomport ma
If more blanks are needed, address state Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example I		Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DECEIVED	1915	Attack of epilepsy	1 week ago.
Chronic interstitial nep	iritis —	1921	Run over by street car	1 week ago
Cerebral hemorrhage	OCT 7 1936	July 5, 1927	Peritonitis '	3 days ago
	All Dis	1		
	BUREAU V. S.			
Other contributory c	duses of importance:		Other contributory causes of importance:	
Gallstones	4528 THE WAY TO BE	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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HTA	09593

stat UPA	1. PLACE OF DEATH	(J9)	
CCE	County Clous him otto	Registration Dist. No. 3 03	5
shou	Village or City Bostustoro	NoSt.,	War
Solo	(If Length of residence In city or town where death occurred Distryrs	death occurred in a hospital or institution, give its NAME instead of street and numb	
Every CIANS ement		at + 11	
D. Every YSICIANS statement	2. FULL NAME Jonas Edward	74 migel	
RD.	(a) Residence: No. Quotatoro Ma. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
CO PH ict	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
RECO . PH Exact	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF PEATH	,
E P	Male World OR DIVORCED (write the word)	Mefa Temper & D , 19:	(Year)
ied T	5a. If married, widowed, or divorced		
MANEN A C T L assified.	HUSBAND of Clife H utall	22. I HEREBY CERTIFY, That I attended dece	ased fro
CXZ	71-0161650	1: (1.11 54 11 36	19_6/_
A F	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et	atu 12 2a
IS A I stated properlectifica	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance	
Sta sta pro	R. Trade, profession, or particular	were as follows: Aprile Stewares 9	te of one
IIS be be of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	gorne 18 centores 1	14
H-	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. A Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
VK—T should it may n back	SAW MILL, BANK, etc.		
	11. Total time (years) this occupation (month and spent in this		
AGE THAT THAT OUS O	year) occupation occupation	Other Ceptributery Causes of importances	1
NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town)	Chrocies nephrates 9	14/
FAI ied. ns, stru	(State or country) wash. Co. md.		
real Control of the C	13. NAME 14. BIRTHPLACE (city or town)		
	14. BIRTHPLACE (city or town)	Name of operation Dete of	
		What test confirmed diagnosts? Was there an autop	osy?
INLY, WI be careful EATH in primportant.	E 15. MAIDEN NAME Elizabeth Zittle	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
car FH ort	S 16. BIRTHPLACE (city or town).	Accident, suicide, or homicide? Date of injury	, 19
AINLY, Id be cal DEATH y import	(State of County)	Where did Injury occur? (Specify city or town, county and State)	
A P P	17. INFORMANT A. COLLAR AF INTALL. (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
Should OF D	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
	Domaloro Centeny Do Sept. 25: 19.36	Nature of injury	
WRIT nation NAUSI	PINUS KOOK VOC	24. Was disease or injury in any way related to occupation of deceased?	
THOM	19. UNDERTAKER (Addless)	If so, specify	9
m (1)	9 1425 Ti. 11: Y 12.	(Signed) Alester Praces	M.
ż	20. FILE 1975 , 103 a Colland Colland Registrar.	(Adoress) Bassaless mac	
	4		-

MARGIN RESERVED FOR BINDING

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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ipal cause of death and related causes ance were as follows: pilepsy 1 week ago 4 street car 1 week ago
3 days ago
tributory causes of importance:
ritis 1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

be

See instructions on back of certificate.

D. Every item of infor-

of OCCUPA.

Exact statement

STAT	E OF	MAR	YLAND-	CERTIFICATE OF DEATH 09594	Ħ
1. PLACE OF DEATH					
County Washing	ton	MITHIN OC	PEGELTS HALL	Registration Dist. No. 302	
Village or City Hag					d
Day of the second				death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence in city or tov				ds. How long In U.S. If of foraign birth?yrsmosd	\$.
				If U. S. Veteran, specify WAR	/
(a) Residence: No. P	ailade	Usual place	of abode)	St., Ward. If nonresident give city or town and State	1.
PERSONAL AND ST				MEDICAL CERTIFICATE OF DEATH	-
3. SEX 4. COLOR OR R Male White		SINGLE, MAR OR DIVORCE WICOW	RIED, WIDOWED, D (qurite the word) e d	21. DATE OF DEATH September 7, 193 6	
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Mary Hurley				22. I HEREBY CERTIFY. That I attended deceased fro	m
6. DATE OF BIRTH (month, day, end ye	ar) Nov	25,	1878	I last saw horcen alive on Lest 7 , 1936; death is sa	id
	Months Days If LESS than		If LESS than 1 day,hrs.	to have occurrad on the date steted above, a 6:00 P.m.	
	9	13	ormin.	The PRINCIPAL CAUSE OF DEATH end related causas of importance were as follows:	t
8 Trade, profession, or particuler kind of work dona, as SPIN SAWYER, BOOKKEEPER, etc.	NER, One	ron Die	and an		-
				Candia Vinessean Dissan 2 /2	
Moustry or business in which work wes done, as SILK MI SAW MILL, BANK, etc	1, M. 1	Go		Quadrac - Courseton Hulure 3.728	ilo
		11. Totel t	ime (years) nt in this		
year)			upation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) Fr	Va.	ya.L			
1	Jackso	n			
13. NAME Charles				Name of operation Date of	
(Stata or country)	Va.	£11		What tast confirmed diagnosis? Was there an autopsy?	
# 15. MAIOEN NAME Sara]	a Edmo	nds	Spirit San	23. If death wes due to external ceuses (VIOLENCE) fill in also the following:	
15. MAIOEN NAME Saral 16. BIRTHPLACE (city or town)	Unkno	nwn		Accidant, suicida, or homicide? Date of injury,19	
(Stata or country) Va				Whare did injury occur?(Specify city or town, county and State)	
17. INFORMANT Miss Ruby Jackson (Address) Hagerstown, Md.				Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Plece Hagerstown, Md. Date Sept. 10, 1936				Menner of injury	
Plecenagerstown	L WIQ .	Date S.E.P.L.	. LU, 1956	Neture of injury	
19. UNDERTAKER Fred W. Kraiss. (Address) Hagerstown Mg. 11				24. Was disease or injury in any way releted to occupation of decaased?	

Registrar.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1936	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURBAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

MARGIN RESERVED

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Example I			Example II	
The principal cause of dof importance were as fo	eath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	OCT 6 1936	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephribi		1921	Run over by street car	1 week ago
Cerebral hemorrhage	RUMEAU V.	July 5,1927	Peritonitis	3 days ago
1				
Other contributory cause	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
	•			

V. S. No. 1

N. B.

TION is very important. See instructions on back of certificate.

STATE	OF	MARYI	AND-	-CERTIF	ICATE	OF	DEATH
		MINTER L	שווח	CLIVIII	ICALL		

09596

1. PLACE O	F DEATH			95-60	
County	. Washingto	on		Registration Dist. No. 302	,
Village or C	Near Bro	padfordi	ng	Registration Dist. No.	
Village of C	ity		-	Mar Mar Market occurred in a hospital or institution, give its NAME instead of street and number)	d
Langth of rasi	idenca in city or town where	death occurred	Lifetimeos	sds. How long in U.S. if of foreign birth?yrsmosd	s.
2. FULL NA	ME John i	Henry Key	yser		
(a) Residen	Como	as above		Ct Ward	
(u) Residen	. HU	(Usual place	of abode)	St., Ward. If nonresident give city or town and State	-
PERSON	IAL AND STATIST	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	-
3. SEX	4. COLOR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH	_
male	white	OR DIVORCE	(write the word)	9/3/36	
5a. If marriad, widow	red, or divorcad			- (Month) (Day) (Year)	
HUSBAND of (or) WIFE of		ie Rubech	s.	22. HEREBY CERTIFY, That I attended deceased fro	m
				- 8/28 ,1936, to 9/3 ,1936	
6. DATE OF BIRTH	(month, day, and year)	Jan. 4.	1871	I last saw has alive on 9/1 1936; death is sa	id
7. AGE Yaa	rs Months	Days	If LESS than	to have occurred on the date stated above, at	
65	7	2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Z 8. Trade, profas	ssion, or particular vork dona, as SPINNER,			auricular Fibrillation Date of one	1/
SAWYER,	BOOKKEEPER, etc	armer	~~~~~~~~~~	with my ocardial failure	30
✓ Industry or I	business in which	Gen.			-
SAW MIL	L, BANK, etc				-
- I till occup	ed last worked at pation (month and July	v1986 spen	me (years)		-
year)		OCCU	pation	Other Coutributory Causes of importance;	-
12. BIRTHPLACE (cit	y or town) Broad	fording	Md	Othan Countries of Importance;	
(State or coun	ntry)	.0141116	212 04		-
13. NAME	amuel Keyso	יד כ			-
	(city or town) Mid		Гd	Name of operation Page of	-
(State or		ALLIMITE - B	<u> </u>	A	1)
15. MAIDEN NA	ME Ellen Car	rl			-
16 PIDTUDI AGE				23. If daath was due to extarnal causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Not Known (State or country)				Accident, suicide, or homicida?	-
Was Sollie Versen				Where did injury occur? (Specify city or town, county and State)	-
17. INFORMANT (Address)	Broadfordin			Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATI		Nohit	-		-
	rding Md	DateA 13.69	9 1936	Manner of injury	
	Albert Leaf		,,	Nature of injury	-
19. UNDERTAKER	Williamspo		r 29	24. Was disaasa or injury in any way ralatad to occupation of deceased?	-
(Address)	"TITIONIO)	TO A	2	If so, specify	-
20. FILED 7 4	19.56-6	raffill	ocuesa	(Signed)	D.
		///	Registrar.	(Addrass) 170WWashyt Hagenton 149	30

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I VED		Example II	
The principal cause of death and related causes of importance were as follows: CCT 6 1936	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis QUEFAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL S	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Example I			Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DOT 0 1036	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	

m

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09598
1. PLACE OF DEATH	82-0
County Washington	Registration Dist. No. 302
Village or City / Haguslow - HIN OR RECEITE L	IMIT No. 860 Fudurek St. St. 3 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
P. 8 2 70	ds. How long in U.S. if of foreign birth?yrsmosds.
	Z
(a) Residence: No. 860 75 de - Ch (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Linebanal	22. I HEREBY CERTIFY, That Lattended deceased from
5. DATE OF BIRTH (month, day, end year) Sept. 19-1862	t last saw her alive on June 1936; deeth is seid
6. DATE OF BIRTH (month, day, end year) Sept. 19 - 6 & 7. AGE 741 Years Months Days If LESS than	to have occurred on the date stated above, at \$200 m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cerabral - Henort-ge 2 years afo.
9. Industry or business In which work was done, as SILK MILL, / Source SAW MILL, BANK, etc.	The second secon
10. Date deceased last worked at this occupetion (month and 1934 spent in this year)	
12. BIRTHPLACE (city or town) Maryland	Other Coutributory Causes of importance:
(State or country)	
13. NAME CUNKINGUM.	
14. BIRTHPLACE (city or town) (Stete or country)	Name of operation Date of Whet test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME allenon	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) & warmy (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Sobert of Lineburgh.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Noble Held Cen Date 9-11, 1936	Manner of Injury
19. UNDERTAKER Courad Francial Home (Address) Fuldrick such	24. Was disease or injury in any way related to occupation of deceased?
20, FILED I - 11- 1936 for State Down	(Signed) - Les D'UCL Q TOR D. MILLEM. D. (Address) - Lit W With Gron-ST.
	AVI II. HADIIII OIV DI

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial hephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage \ OCT 6 193	July 5,1927	Peritonitis	3 days ago
BUNEAU V	. S.		
Other contributory causes of importance	•	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			2

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC MARGIN RESERVED FOR BINDING

N. B.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			9370			
County Washington	-			Registration Dist	. No. 316	
Village or City / Seedres	ille		No.		St.	Ward
			death occurred in a horpital or institut			
Length of residence in city or town where de	ath occurred_24	2yrsmos	ds How long in U.S. if of	f foreign birth?	yrsmos	sds.
2. FULL NAME Jacob	LA	ng				
(a) Residence: No.		T	St., Ward.			
	(Usual place of				city or town and S	State
PERSONAL AND STATISTIC			-	ERTIFICATE O	F DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARI OR DIVORCED	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH	a	36	6
male Volute	wil	ander 1		(Month)	(Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	-0		22. / I HEREBY	CERTIEV	That 1 attended d	seesed from
(or) WIFE of Cliverta	Long	THE THE STA	Aug 30	19.36 to Air	et 26	19.36
6. DATE OF BIRTH (month, day, and year)	200	1854	I last sawn Line alive on	est 23/	1936	death is said
7. AGE Years Months	Days	if LESS than	to have occurred on the date states	d Nove. at 2:30 A	_m	40411113 3414
82 3	0	1 day,hrs.	The PRINCIPAL CAUSE OF DEAT			111
Trade profession or particular	,	t ormin.	were es follows:			Dete of enset
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc	armer		01 0	a		
Industry or business in which	_		Phenue Mi	wardele	0.	1930.
work was done, as SILK MILL, SAW MILL, BANK, etc.			1			6-J
tins occupation (month and	11. Totel til	me (yeers)				
year)	0000	petion	Other Contributory Causes of impo	rtance:		
12. BIRTHPLACE (city or town)	letour	7				
(State or country) Fuderis	the Tourn	try				
13. NAME TO TOWN) THE STATE OF	ng	0				
Z 14. BIRTHPLACE (city or town)	Deta	w	Name of operation		Date of	
(State of country)	nol		What test confirmed diagnosis?		Was there an au	topsy?
15. MAIDEN NAME Sarah I	inhale	eter	23. if death was due to external cau	ses (VIOLENCE) fill in	also the following:	
15. MAIDEN NAME Sarah T	knows	/	Accident, suicide, or homicide?	Date	of injury	, 19
(State or country)			Where did injury occur?			
17. INFORMANT Mrs. Catic	Pollen	luraer.	Specify whether injury occurred in	(Specify city or town iNDUSTRY, in HOME,	or in PUBLIC PLA	CE.
(Address) Keedysne'l	Mad	. 1				
18. BURIAL, CREMATION! OR REMOVAL	· a .	110 01	Manner of injury			
Place Parameters!	Date De la	129 ,1936	Nature of injury			
19. UNDERTAKER & L	w X 6	5	24. Was disease or injury in any	ay related to occupation	of deceased?	20.
(Address) Kendhanell	e med		If so, specify	71/ ///		
20 FUEDLEST 29" 1086 /	APS,	etin a	(Signed)	15 XeVU		M. D.
		Registrar.	(Address)	Tonal	voo,	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 007 3 102	July 5,1927	Peritonitis	3 days ago
BUREAU V.	s.		
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

-WRITE PLAINLY

m

TION is very important.

See instructions on back of certificate.

PHYSICIANS should state

of OCCUPA.

Exact statement

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Washington	Registration Dist. No. 316
Village or City & a kell Mills.	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME ducy Catharine do	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	(St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Parage	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY That Lattended deceased from
(or) WIFE of Walter W. Long.	May 10, 19,36, 10 Alpxembel 3, 1936
6. DATE OF BIRTH (month, day, and year) March 31-1877	I last saw h. A. aliva on Ago T. 3/2, 1936; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the dete state bove, at 1. 431.m.
39 3 2 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BODKKEPER, etc	Chonic Cardio Pascular
kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Data daceased last worked at this occupation (month and	result givease - with ?
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	Xipentenaron :
10. Data daceased last worked at this occupation (month and spent in this	Caucer (Propost Carrisones) Howard?
year) Sept + 1936 occupation 40 40	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Thank Royal	
(State or country)	
I 13. NAME	
13. NAME 14. BIRTHPLACE (city or town) Front Royal (Stata or country)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy? MO
	23. If death was dua to external causes (VIOL ENCE) fill in also tha following: Accident, suicide, or homicida?
S (State or country)	Where did injury occur?
17. INFORMANT Cy alter to Long (Address)	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL OPIACE DATE Sept. 6: , 1926	Manner of injury
19. UNDERTAKER COM D. Bast & Soy (Address) Boombro Md	24. Was disease or injury in any way related to occupation of daceasad? 200
20, FILED Sept 6, 1936 12 AP Section	(Signed) 18. Klapfy M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis - LIVED	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
001 3 1936	,		
Other contributory causes of importance:	è	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	infor-	state	UPA-	1
	item of	should	of occ	
	B. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	ECORD.	PHYSI	act sta	
	ENT R	LTY.	ed. Ex	
	RMANI	XACT	classifie	
	S A PE	ated E	operly	tificate
	THIS IS	I be st	y be pr	k of cer
	INK	S shoule	t it ma	on bac
	DING	I. AGI	, so tha	uctions
	UNFA	supplied	1 terms,	ee instr
i	WITH	efully	in plain	ant. S.
	MINEY,	be can	EATH	import
	FE PL	pluods	E OF L	is very
	WRI	matior	CAUS	TION is very important. See instructions on back of certificate.
	2	-	1	

STATE	OF	MARYI AND-	-CERTIFICATE	OF	DEATH
SIMIC	UL	MAKILAND	CERTIFICATE	OF	DEVIL

09601

1. PLACE OF DEATH		_
county Mash: naton	Registration Dist. No. 30	2
Village or City Mangans ville-	NoSt.,	Ward
Length of residence In city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and it. How long in U.S. if of foreign birth?	number)
2. FULL NAME Edma M. Martin	If U. S. Veteran, specify WAR	
(a) Residence: No. Yn aug aus ui le (Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Sent as (Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. LI HEREBY CERTIFY That I attended	deceased from
6. DATE OF BIRTH (month, day, and year) 9 2 3 - 1902 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	Date of onset
S. Hade processing, or particular to the same of the s	Typhoid Ferm	9/7/36
12. BIRTHPLACE (city or town) 1 Que a Quest's le (State or country)	Other Contributory Causes of Importance: Acute Conduce Delibetion	9/20/30
II 13. NAME M. G HOST		
13. NAME M. C HOST 14. BIRTHPLACE (city or town) Management (State or country)	Name of operation Date of	eutopsy? \\
15. MAIDEN NAME dith 30 MS 16. BIRTHPLACE (city or town) 17. INFORMANT (Address)	23. If death wes due to external causes (VIDLENCE) fill in elso the following Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HDME, or fn PUBLIC PL	, 19 te)
18. BURIAL, CREMATION, OR REMOVAL Plece QCYSTOWN Dete Dete 3, 1936	Manner of injury	
19. UNDERTAKER F. K. College (Address) Hage was to un und	24. Was disease or injury in any wey releted to occupation of deceased? If so, specify	ho
20. FILED Syst 22 , 1936 Janet M. Mowander Seputy Registrar.	(Address) 13 8 W. Washington	ct.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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E	xample I	li li	Example II	
The principal cause of dea of importance were as foll	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	OCT 6 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	001 0	1921	Run over by street car	1 week ago
Cerebral hemorrhage	THREAU V. S	July5,1927	Peritonitis	3 days ago
	the state of the s	× 1		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	
County Washington	Registration Dist. No. 30 2
Village or City Transferstours	No. 2008 Tay Il (Halfway St. Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME Eastus Hatter martin	ds. How long In U.S. if of foreign birth?yrsmosds.
4. 04-	Ch Ward
(a) Residence: No. 2005 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Sept 28 , 193 (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. 1 HEREBY CERTIFY, That I stended deceased from
6. DATE OF BIRTH (month, day, and year) Selak 27 - 1840	Hast saw base alive on 2 19 (death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 1 P.m.
76 6 1 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER,	A constant of the constant of
SAWYER, BOOKKEEPER, etc. — Juliuser	Che My orangester
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) this occupation (month and	
O 2. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) andian Spungs!	Cartin - relessor
(State or country)	
H A A A A A A A A A A A A A A A A A A A	
4. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME Elizabeth the stine	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Hayselman	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country) Pa	Where did injury occur?
17. INFORMANT Miss Brian Martin (Address) 12008 Say St Hus. M.d.	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Page Oate Cot 1956	Nature of injury
19. UNDERTAKER G. L. Suman 460	24. Was disease or injury in any way related to occupation of deceased?
(Address) Readypriffy, not.	If so, specify
20. FILEO 1906 6 Half Bowers	(Signed) M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
A Company of the Comp	y .			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH	3603
1. PLACE OF DEATH		
County Hashmaton HITHIN DORPORTE	Registration Dist. No.	02,
Village or City Laghstown	No. Hash G. Home St.	5 Ward
	death occurred in a hospital or institution, give its NAME instead of street and no	
Length of residence in city or town where death occurred (M. M. Mes.	ds. How long In U.S. if of foreign birth?yrsmos	:ds.
2. FULL NAME Henry C. Mathem	If U. S. Veteran, specify WAR	•••••
(a) Residence: No. Wart a. Worne	St., S Ward.	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
OR DIVORCED, (write the word)	1,16 20	193.6
5a. If married, widowed, or divorced	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of 4 la B AM at Some	22. I HEREBY CERTIFY, That I attended d	eceased from
Ance of the total	1936 to take 29	, 19.56
6. DATE OF BIRTH (month, dey, and yeer) Suff 13 - 18-66	I last saw have alive on 1936	; death is said
7. AGE Years Months Oays II LESS than t day,hrs.	to have occurred on the date stated above, at	
// / / Ormin.	were as follows:	Date of onset
8. Trade, prolession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this pocunation (month and spent in this second in thi	Carried A Stones	9
9. Industry or business in which		
work was done, as SILK MILL, SAW MILL, BANK, etc.		
O 10. Date deceased last worked at this occupation (month and yeer)		
Wassian Co	Other Contributory Causes of Importance:	# 126
(State or country)	gasta Carrie	DOCAC
13. NAME Joseph Hathema	Marine Marine Marine	gept. 20
13. NAME Joseph Hlatherns 14. BIRTHPLACE (city or town) Davren G	Name of operation Date of	
(Stete or country)	What test confirmed diagnosis? Was there an au	utonsv? 440
15. MAIDEN NAME Parkal B Walter	23. If death was due to external causes (VIOLENCE) fill In also the following:	
15. MAIDEN NAME Packaul B Walter 16. BIRTHPLACE (city or town) Warrin G (State or country)	Accident, suicide, or homicide? Date of Injury	
Stete or country)	Where did injury occur?	
17. INFORMANT HU. Fred Lung	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
(Address) Hagestown me		
18. BURIAL CREMATION, OR REMOVAL	Manner of injury	
Place togfialown Model Sign 30,1936	Neture of Injury	
19 UNDERTAKER Scott 7 Minnes San	24. Was disease or injury in any way related to occupation of deceased?	llo
(Address) Hogerstony Ind	if so, specify	
20. FILED 9-29-136 Chilf Bower	(Signed) Logar 1. (aup bell	
Registrar.	(Address) (+agenstoen Md.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 11 OCT A 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage PLINEAU V. S.	July 5,1927	Peritonitis	3 days ago
and the second s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PL	ACE OF DEAT	тн			93-2	3000
Co	County Washington			للغادي يودو وحدده	Registration Dist. No.	202
Vi	illage or CityH	agersto		(H	Traditions Arranisa	
					If U. S. Veteran, specify WAR	
(a) Residence: No	Indian	a Avenu (Usual place		St., Ward. If nonresident give city or	r Iown and State
Р	ERSONAL AN	D STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DI	EATH
J. SEX Ma.	le Wh	R OR RACE	5. SINGLE, MAR OR DIVORCE Widowe	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH September 3, (Month) (Day)	, 193 <u>6</u> (Year)
HUS	rried, widowed, or divo BAND of WIFE of	lmma McC	alliste	r	22. I HEREBY CERTIFY, That	
6 DATE	OF BIRTH (month, day	v and year NO V	ember-1	5. 1859y	I last saw have alive on	
7. AGE	Years	Months	Days	If LESS than	to have occurred on the date steted above, etm.	
	76	9	18	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importune es follows:	,
NOL	rade, profession, or pr kind of work done, SAWYER, BOOKKEE	articular as SPINNER, EPER, etc	Retir∈d		Che My and ite	Date of onset
3	ndustry or business in work was done, as SAW MILL, BANK,	SILK MILL, etc	Farmer		Ch. Musicalità	1925
0 10.1	TO. Date deceased lest worked at this occupation (month and spent in this occupation corupation			ime (years) nt in this upation	/	
	HPLACE (city or town) State or country)		ngton C	ounty	Other Contributory Causes of importance:	1
œ 13. N	IAME Geor	ge McCa	llister			
13. N	SIRTHPLACE (city or to (Stete or country)	0	ngton C		Name of operationWate test confirmed diagnosis?We	
표 15. N	MAIDEN NAME -		Trumpow	er	23. If death was due to external causes (VIDLENCE) fill in also th	ne following:
15. MAIDEN NAME Trumpower 16. BIRTHPLACE (city or town) Washington County (State or country) Md.				Accident, suicide, or homicide? Date of Inju		
	17. INFORMANT Mrs. Gilbert Hull, (Address) Hagerstown, Md.				(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURI	18. BURIAL, CREMATION, OR REMDVAL Place St. Paul's Cem. Date Sept. 5, 1936			, 5, ,1936	Manner of injury	
	RTAKER Snyde Address) Cle	r-Rowla earsprin	nd Fune	ral Home	24. Was disease or injury in any way related to occupation of de	ceased?
20, FILED	9-5-	19 26 1	rast	Doces	(Signed)	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I		Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	itis OCT 6 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory cau Gallstones	uses of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Ward

(Year)

Date of onset

STATE OF MARYLAND-CERTIFICATE OF DEATH

state OCCUPA 1. PLACE OF DEATH 210€ plnods item of Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. If of foreign birth?_____yrs.____mos.____ds. Length of residence in city or town where death occurred statement 8. Veteran, specify WAR (Usual place of abode) If nonresident give city or town and State RECO Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR DIVORCED (write the word) TI (Month) classified. 5a. If married, widowed, or divorced ò HUSSAND of 22. I HEREBY CERTIFY, Thet I attended deceased from (or) WIFE of PERMA EX certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months If LESS than to have occurred on the date stated above, at____ stated 1 dayhrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or min. 8. Trede, profession, or perticular THIS OCCUPATION kind of work done, as SPINNER Jo SAWYER, BOOKKEEPER, etc. back may 9. Industry or business in which plnous work was done, as SILK MILL SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) On this occupation (month and spent in this AGE that from the lunger case occupation ... instructions UNFADING Other Coatributory Causes of Importance 12. BIRTHPLACE (city or town) (State or country) supplied. terms, FATHER **13. NAME** See 14. BIRTHPLACE (city or town) Name of operation. plain (State or country) carefully What test confirmed diegnosis?. ----- Was there an autopsy?___ MOTHER important, 15. MAIOEN NAME ın 23. If death was due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? accident Oate of injury Sofile 7 19.36 DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? www. Halaura, md.; www.tragerstown, md. (Specify city or town, county and Stole) should be Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE, 17. INFORMANT Very (Address) OF 11. in Ulashington County. 18. BURIAL, CREMATION, OR REMOVAL Menner of Injury Collinson Letween two automat -WRITE 2 CAUSE mation LION Nature of injury Burssed to deather 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify 20, FILED Registrar.

(Day)

V. S. No. 1

BINDING

FOR

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	Martin M
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis OCT 6 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.		Li contra di con	-
Other contributory causes of importance:		Other contributory causes of importance:	200
Gallstones	May 1,1923	Gastroenteritis	1 year

0.1	WRI	CAUS	TION
V. S. No.	N. B.	3)

	STATE OF MARYLAND—	CERTIFICATE OF DEATH
1	L PLACE OF DEATH	(157-C)
	County Washington	Registration Dist. No. 302
	Village or City 19 aglestown	death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurredyrsmos	
2	2. FULL NAME Child of Paul & Mary TI	11- May If U. S. Veteran, specify WAR
	(a) Residence: No. 52 4 W. Church	St., 5 Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7	SEX 4. COLOR OR RACE OR DIVORCED (write the word) Limite Structed (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a.	If merried, widowed, or divorced HUSBAND of	(1001)
	(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6	DATE OF BIRTH (month, day, end year)	I lest saw here alive on det 17 1936 death is sah
	AGE Years Months Deys If LESS than	to have occurred on the date steted above, at
	1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
z	8. Trede, profession, or particuler kind of work done, as SPINNER,	Date of onset
HOL	SAWYER, BOOKKEEPER, etc.	
JPA.	9. Industry or business in which work was done, as SILK MILL,	Heart Tunkly
DOCO.	SAW MILL, BANK, etc	
	year) occupetion	Other Contributory Causes of Importance:
12.	BIRTHPLACE (city or town) Hagerplown	City Cost 14 Inputation.
02	(State or country)	
FATHER	13. NAME Paul E, M= Came	R
FA	14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of
×	15. MAIDEN NAME THOUGHT & MOTHERS	What test confirmed diagnosis? Wes there en aulopsy?
MOINE	111009	23. If death was due to external causes (VIOLENCE) fill in elso the following:
2	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
	Dand & ME Mange	Where did Injury occur? (Specify city or town, county and State)
17.	(Address) Hages Lown Wid	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Hagerstores Date 18,1936	Nature of injury
19.	UNDERTAKER & M. Suter & Sons	24. Was disease or injury in eny way related to occupetion of deceased?
	Soltie St lote 1 H 3 - was	(Signed) M. Q. Jonloy
20.	FILED Registrar.	(Address) fugers wow well
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	Įį.	Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		2-10-2-2	

N. B.-WRITE PL.

V. S. No. 1

	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	of in	plu	CCL	
	item	sho) jo	
	very	ANS	nent	
1	D. E	SICI	taten	
	COR	PHY	s to	
	L RE	Y.	Exa	
	LEN	TI	fied.	
	MAN	KAC	lassi	
	PER	E	rly c	ate.
	V SI	stated	rope	TION is very important. See instructions on back of certificate.
	[SI]	be s	pe I	of co
	T.F	plu	nay	ack
	NK	sho	it n	on b
	NG	AGE	that	ions
145	'ADI	ed.	8, 80	truct
-	UNF	ilqqı	term	ins!
	TH	ly s	lain	Se
	WI	reful	in I	tant.
	LY	e ca	ATH	npor
	LAT	uld b	DE	ry in
	E P	shou	E OF	S Ve
	RIT	tion	USI	NO
	T	ma	C	TI

	CERTIFICATE OF DEATH 09607
1. PLACE OF DEATH	93:0
County Washington	Registration Dist. No. 302
Village or City Hagerstown	No. 139 E. Antietam Street St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a hospital of institution, give its tydivize instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Cora Miller	If U. S. Veteran, specify WAR
(a) Residence: No. 130 E. Antietam Street	
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DLYORCED (write the word) Wildow	21. DATE OF DEATH September 4 , 193 6 (Month) (Day) (Yaar)
ia. If merried, widowed, or divorced HUSBANO of James Miller (or) WIFE of James Miller	22. July 31, 1936, to Sept. 4, 1936
5. DATE OF BIRTH (month, day, and year) September 7, 1857	1 yast saw her alive on Sept, 4, 1936; daath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1:50 P m.
78 11 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
work was done, as SILK MILL.	Chronie myocarditis ?
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town). Duffield	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) DUITLELG (State or country) W. Virginia	arterischeroris & hyper-
	tension ?
13. NAME John Sherley 14. BIRTHPLACE (city or town) Unknown	Name of operation Dete of
(State or country) W. Va.	What test confirmed diegnosis? Was there an autopsy? No
15. MAIOEN NAME Anna	23. If death wes due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) Unknown (State or country) W. Va.	Accident, sulcide, or homicide?
17. INFORMANT Mrs. H. P. Bowman (Address) Hagerstown, Md.	(Specify city or town, county and State) Specify whather Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Shepherdstown, Was Va. Sept 196, 1	19 % Gre of injury
	24. Was disaase or injury in eny way related to occupation of daceased?
19. UNDERTAKER Fred W. Kraiss, (Addiass) Hagerstown Md.	If so, specify
20. FILEO 9 - 6 - , 136 Cheet, Cowers	(Signed) Kabell M.D. (Address) Vaserstaury Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Regyetting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset 1 week ago		
Arteriosclerosis	1915	Attack of epilepsy			
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:	THE THE	Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL GRAND FOR FORTHER STREET, TO THE STREET, TH								
						· · · · · · · · · · · · · · · · · · ·		

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	SIAIE OF MARYLAND—	CERTIFICATE OF DEATH		
	County & custing/or within appropri	Registration Dist. No. 302		
	Village or City Hoadeyslown	No. /// Morella Community St., 4 Ward death occurred in a horpital or institution, give its NAME instead of street and number)		
		death occurred the hospital of histianals, give its 14-Afvic. instead of street and number) ds. How long in U. S. if of foreign birth?yrsmosds.		
2	(a) Residence: No. 11 North ave	St. 4 Ward.		
and the same	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH		
3. 5	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH		
Te	male Him OR DIVORCED (write the word)	(Month) (Day) (Year)		
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of Hornard Insalo	22. I HEREBY CERTIFY, That lettended deceased from		
6. 1	DATE OF BIRTH (month, day, and year) Sec. 28 / 860	I last saw h. Ar alive on 325 Thurs M. 1936 : death is said		
	AGE Years Months Days If LESS than	to have occurred on the date stated above, at		
	75 8 14 I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:		
TION	8. Trade, profession, or particular kind of work done, as SPINNER.	Chronic C Endo Cardetis (2)		
CCUPATI	SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	" Reparitis. She		
220	10. Date deceased last worked at this occupation (month and year)			
12.	BIRTHPLACE (city or town)	Other Coatributory Causes of Importance:		
۳	(State or country) Maryland 13. NAME House Care			
H	14. BIRTHPLACE (city or town)	Name of operation Date of		
	(State or country) Maryland	What test confirmed diagnosis?		
HER	15. MAIDEN NAME Paltiardie Sussely	23. If death was due to external causes (VIOLENCE) fill In also the following:		
MOT	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury19		
≥	(State or equatry) Sagrey and	Where did injury occur?		
17.	(Address) Hagerstown and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18.	BURIAL, CREMATION, OR REMOVAL Place De Renovelle and Date Sefet 12, 1936	Manner of Injury		
19.	UNDERTAKER A. C. Cercladd	24. Was disease or injury In any way related to occupation of deceased?		
20.	FILED 9-12-1936 Chart Bours	(Signed) July Buille DR. VICTOR D. MILLER, (Signed) W. WASHINGTON MT.		
_	Registrar.	(Address)		

V. S. No. 1

N. B.—WRITE PLAI

MARGIN RESERVED FOR BINDING

WITH UNFADING INK-THIS

mation should be carefully supplied. AGE should be

stated EXACTLY. PHYSICIANS should state IS A PERMANENT RECORD. Every item of infor-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related cause of importance were as follows: Arteriosclerosis OCT 6 193	. 1	The principal cause of death and related causes of importance were as follows: Attack of epilepsy		
Chronic interstitial nephritis	C 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		3		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI.	IAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

THIS IS A PERMANENT RECOMMENT MARGIN RESERVED FOR BINDING

sta UP/	1. PLACE OF DEATH , MITHIN .			
7)	County Washington COMPORATE LIM	Registration Dist. No. 30		
should f OCC	Village or City / Calendown	No. Washington to ounty 15 08 Wa		
Exact statement o		death occurred in a hospitator institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?		
	2. FULL NAME John 7 Moo	Te If U. S. Veteran, specify WAR		
	(a) Residence: No. 61 & Frankles	Ward		
	(Usual place of abode)	If nonresident give city or town and State		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
>	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wale white married	21. DATE OF BEATH (Month) (Day) (Year)		
Teg	5a. If marriad, widowed, or divorced HUSBAND of			
X A C T L	(or) WIFE-of Jama.	22. I HEREBY CERTIFY, That I attended deceased fro		
	6. DATE OF BIRTH (month, day, and yeer) Man. 30-1858	f fast saw h alive on		
d]	7. AGE Yeers Months Days If LESS than	to heve occurred on the date stated above, etm.		
stated E properly certificate.	78 6 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:		
	8. Trada, profession, or particular kind of work done, es SPINNER, Roy in A	Probably serile degeneration of heart.		
be be	SAWYER, BDDKKEEPER, etc.	Cwts IR		
should it may n back	work wes dona, as SILK MILL.	Just failne		
s st t it on	SAW MILL, BANK, etc	not attended by a pobysision for a seriod		
oplied. AGE erms, so that instructions o	(uttapation	Dther Coutributory Causes of importanca:		
so ucti	12. BIRTHPLACE (city or town) Maryland (Stete or country)	ala agri- in fairhealla		
lied ms, ıstr	13. NAME Isaac Moore	grivionos actoria		
	14. BIRTHPLACE (city or town)	Neme of operation		
y sullain t	(State or country) Maryland	What test confirmed diegnosis? Was there an eutopsy?		
carefull The in plotter in cartant.	15. MAIDEN NAME Matilda Mills	23. If death wes due to externel causes (VIDL ENCE) fill in elso the following:		
be careful EATH in p important.	15. MAIDEN NAME Hatilda Trulls 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury19		
ld be car DEATH y import	(Stata or country)	Where did injury occur? (Specify city or town, county and State)		
	17. INFORMANT Saacb Moore	Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.		
should OF D	(Address) Hagestown, Md	Manage of International Control of the Control of t		
_ 🖭 🚟	Place Hageislown Dete 1/28 1936	Manner of injury		
mation s CAUSE TION is	la. 21 8. To. 48-1	Nature of injury 24. Was diseesa of injury in eny way related to occupetion of deceasad?		
HCH	19. UNDERTAKER (Address) (Address) (Address)	If so, specify		
	20. FILED 9 - 27 - 1936-6/11/15/11/2000	Migned) Somma . D. Drum		
(1)	ZU, FILED	(Address Hagnislan Ma		
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Region Con Morang Coron		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis OCT 6 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ż

-	. PLACE OF DEA	41H			2			
	CountyV	Vashingt	on		Registration Dist. No. 3	00		
	Village or City	100		311726				
				(H	NOSt.,stable of institution, give its NAME instead of street and street and stable of street and st	d number)		
2	. FULL NAME	Still	born My	ers.				
	(a) Residence: No.				St,Ward.			
			(Usual place		If nonresident give city or town as	nd State		
_	PERSONAL AI		1		MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single					21. DATE OF DEATH Sep. 20 (Month) (Oay)	193 6 . (Year)		
5a.	If married, widowed, or div HUSBANO of	orced						
	(or) WIFE of				22. HEREBY CERTIFY, That attende			
6 1	DATE OF BIRTH (month, d	av and veer)	Sep.	20, 1936				
7. /		Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 2:30 Am. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance	; death is said		
NO	8. Trade, profession, or kind of work done SAWYER, BOOKKE	as SPINNER.		l ormin,	were as follows: Stillborn	Date of onset		
OCCUPATION	9. Industry or business i	In which			Breech presentation and			
3	work was done, as SAW MILL, BANK,	, etc			difficult delivery.			
Ö	10. Date deceased last we this occupation (m year)	onth and		me (years) t in this pation	THE TOURS WELL VELLY			
12.	BIRTHPLACE (city or town (State or country))Near	Sharpsh	ourg, Md.	Other Contributory Causes of Importance:			
ER	13, NAME Da	avid Mye	rs					
FATHER	14. BIRTHPLACE (city or t			Co	Name of operation			
<u> </u>	(State or country)		Md.		What test confirmed diagnosis?			
ER	15. MAIDEN NAME	Agnes	Giffin		23. If death was due to external causes (VIOL ENCE) fill in also the following			
MOTHER	16. BIRTHPLACE (city or t (State or country)		Washingt Md.	ton Co.	Accident, suicide, or homicide? Date of injury19			
17.	INFORMANTHaddress) Ha	David M	vers	. Va.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18.	BURIAL, CREMATION, OR Place Sample	REMOVAL			Manner of injury			
19.	UNDERTAKER J.K.		les	,	Nature of Injury 24. Was disease or Injury In any way related to occupation of deceased? If so, specify	/		
20.	FILED ep \$ 21.	-0	9 Be	G Registrar.	(Signed) Wally & hew (Address) Sharfs lung,	Judm. D.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example L		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nophrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
B			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-ALON IS VERY IN Plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	00011
County Machendon County Ho	reficital Registration Dist. No. 302
Village or City A Lyerslown Md.	No. St. 3 Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mys. Kleson Welhol	P
(a) Residence: No. Coseade md	St., Ward.
(Usuai place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DEVORCED write the word)	21. DATE OF DEATH
Tundle 11 hell melowed	(Montif) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND or (or) WIFE of	22. / JHEREBY CERTIFY, That Jattended deceased from
(01) WIFE OF MILLIAM I. Michold	Kept. 2nd 136 to Rept. 14 1936
6. DATE OF BIRTH (month, day, and year) Luly 31. 1895	I lest saw h. elive on AMT. 14 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6 4 P. m.
91 9 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	From neck y them. 36
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Leegemalbety - Settled
work was done, as SILK MILL, SAW MILL, BANK, etc	
spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Coscalle M.A.	
(State or country)	Mecho-Julinea - Sulixa
13. NAME James A Signa . 14. BIRTHPLACE (city or town) - Marifland (State or country)	61 1 1 1 1 1 1 1
4. BIRTHPLACE (city or town) Worthland	Name of operation steering frust to Date of and I
(State of Country)	What test confirmed diagnosis? Day Cluson Was there an autopsy?
15. MAIDEN NAME Mary & supraper 16. BIRTHPLACE (city or town) Mary Land	23. If death was due to external causes VIOL ENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town) / Maryland	Accident, suicide, or homicide acceler Date of injury Sept 12, 19 36
State or country)	Where did injury occur? Clf Tance
17. INFORMANT John Suchoff	(Specify city or town, county and State) Specify whether injury opcurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Cascade Md, 11	in Kerry
18. BURIAL, CREMATION, OB REMOVAL	Menner of injury Tell James Chen
Place Bellist Mad Date Sept 17, 1936	Nature of injury Frales of Market
19. UNDERTAKER Walter Un Drove.	24. Was disease or injury in any way related to occupation of deceased? 200
(Address) 778. Churcha Sa Wanne low	Plf so, specify D
20 FILED EXT 15 ,36 Chash 12 me 10	(Signed) A (T) I much M. D.
Registrar.	(Address) Seguntains my
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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The principal cause of death and related causes		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis, ALL V S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	
	11491,1020	Wall Control and	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

B.—WRITE PLAINLY

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12	1	6	4	1	'n
4.7	10	100	- 1		r
0	V	11	Æ	6	1

1. PLACE OF DEATH	_		(18)	
County Washington	THIN GORFC	BATE LINITS	Registration Dist. No. 30 2	
Village or City Hagers	town		No. 518 Reynolds Ave. St., 2 Ward death occurred in a horpital or institution, give its NAME instead of street and number)	
Length of residence in city or town where death	occurred	yrs,mos	ds. How long in U.S. If of foreign birth?yrsmosds.	
2. FULL NAME John R. 01			If U. S. Veteran, specify WAR	
(a) Residence: No. 518 Reyno	Olds Av (Usualplace of	abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICA	L PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
Male 4. color or race 5. Sex White 5.	SINGLE, MARRIE OR DIVORCED (Marrie	ED, WIDOWED, regrite the word)	21. DATE OF DEATH Sept 9 , 193 6 (Month) (Oay) (Yeer)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna R.	Obrist		22. HEREBY CERTIFY, That I ettended deceased from	
6. DATE OF BIRTH (month, day, and year)	April 2	3, 1867	I last sew h alive on Anoust T_, 19 death is said	
7. AGE Yeers Months	Oays	If LESS than	to have occurred on the date stated above, et	
69 4	7.6	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
SAWYER, BOOKKEEPER, etc.	Retired		anast failure	
work was done, as SILK MILL, Rail SAW MILL, BANK, etc	Road E	mploy.	death orom to Eight home	
10. Date deceased last worked at this occupation (month and yeer)	11. Total time spent i occupa	in this	previous to contine visit	
12. BIRTHPLACE (city or town) (State or country) Prince Geo	orge Co	unty,	Other Contributory Causes of importence: No resent attending forginals culture. Didealety and are trans-	
™ 13. NAME Md.			no frether informations	
13. NAME MQ. 14. BIRTHPLACE (city or town) John Of Switzer (State or country) Switzer	brist.		Name of operation Date of What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME Amanda S	Smith		23. if death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Amanda S 16. BIRTHPLACE (city or town) (Stete or country) Washingt	ton Cou	nty, Md	Accident, suicide, or homicide?	
17. INFORMANT Lawrence (Address) Hagertown,	Obrist		(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Brownsvill, Md.	ete Sept	11,1936	Menner of injury	
19. UNOERTAKER Fred W. (Address)	Krais		24. Was disease or injury in any way related to occupation of deceased?	
20, FILED 9-11-, 19.36-BA	casti	Registrar.	(Signed) Solly Dringe (Address) as Anna Caronia	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

STATE OF MADVI AND CEDTIFICATE OF DEATH

SIAIL OF MARTERIE	CERTIFICATE OF DEATH
1. PLACE OF DEATH	942
county Washington	Registration Dist. No. 302
Village or Grown Hage x stown	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
7 11 21.	
	11 U. S. Veteran, specify WAR
(a) Residence: No. 12 (Usual place of abode)	St., Ward. If conresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the pord)	21. DATE OF DEATH Sept 14 (Par) (Year)
5a. If married, widowad, or divorced	(Month) (Day) (Yeer)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
C/2 07.1671	19 , to 19 , 19 L
6. DATE OF BfRTH (month, dey, end yaer) 7. AGE Years Months Dey If LESS than	f fast saw h; daath is said
1 day,hrs.	to hava occurred on tha dete stated above, at
60 6 1 ormin.	wera es follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, Fax mey	Diagress and far
4 9. Industry or business in which	the her Dead a arrival -
work was done, as StLK MILL, SAW MILL, BANK, etc	So of de (Tel two-liniale)
70. Oate deceased last worked et this geographic from the compation (month and year) spant in this geographic from the cocupation.	History of severe pay our fracordina
Basilon	Othar Contributary Causes of importanca: Coronary " Q 1400
12. BfRTHPLACE (city or town) Y 1 D 9 P 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1	- Johns - Occuma off
I	
4. BtRTHPLACE (city or town) 1. C. C. C. State or country)	Neme of oparation Oate of
	What tast confirmed diagnosis? Was there an autopsy?
	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?
mas man Plutanes	(Specify city of youn, county and State) Spacify whether injury occurred in INOUSTRY/In HOME, or In PUBLIC PLACE.
17. INFORMANT 1. CAN	and the opening with the opening in
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place tage v stoum. Oats 20 / 6, 1936	Nature of injury
19. UNDERTAKER A. K. CUVY W. QUE	24. Was disaase or injury In any way related to occupetion of decaaset?
(Address) Hag as town we.	If so, spacify
20. FILED Set 1.6 1936 Chastizours	(Signad) M. O.
Registrar.	(Addrass) forgerstow (we)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state AGE should be stated EXACTLY. PHYSICIANS snound some MARGIN RESERVED FOR BINDING

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

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Example I	- 1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis OCT 6 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

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Other contributory causes of importance:		Other contributory causes of importance:		
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Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

09616

1. PLACE OF	DEATH		CHATE LIMITS	(101)	07
CountyW	ashington	MITHIN GOR	PORFIE	Registration Dist. No.	04
Village or City	Hagerato	Nn		NoWashington County Hospital of death occurred in a hospital or institution, give its NAME instead of street and	Q Ward
				r death occurred in a hospital or institution, give its NAME, instead of street and in u.s. if of foreign birth?yrsm	
2. FULL NAM				If U. S. Veteran, specify WAR	
				. /	
(a) Residence	: No. Pec	(Usual place	of abode)	If nonresident give city or town and	State
PERSONA	L AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Female	White		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH September 8 (Month) (Day)	, 193 3 6 (Year)
5a. If marriad, widowed HUSBAND of (or) WIFE of	, or divorcad			22. I HEREBY CERTIFY, That I ettended	deceesed from
6 DATE OF BIRTH (m.	onth, day, and yaar) Se	ptember	16, 1931	I last sew han alive on Sept 7, 1936	
7. AGE Years	Months	Oays	If LESS than	to have occurred on the data stated above, at 5:40A m.	
4	11	23	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance ware a follows:	Oate of onset
Z 8. Trade, professi	on, or particular			Double lobar	
SAWYER, B	OOKKEEPER, etc	Child		Vneumonia	dept 3,
9. Industry or bu	one, es SILK MILL, BANK, atc				-
O TO. Date deceesed		I1. Total t	ima (yaars) nt in this		-
	tion (month and	Occ	upation	Other Contributory Causes of importanca:	
12. BIRTHPLACE (city	or town) Pecto	nville		Other Controller Career of Importance.	
(State or countr	y) Md.				
H 13. NAME A]	vey Reed				
4 14. BIRTHPLACE (city or town) Was		County		
(Stata or co		Md.		What tast confirmed diagnosis?	autopsy?
T	Goldie H		~ .	23. If daath was due to external causes (VIOLENCE) fill in elso the followin	
16. BIRTHPLACE (city or town) Was	nington	County	Accidant, suicida, or homicide? Date of Injury	,19
٨		ilu •		Where did injury occur? (Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PI	ite)
17. INFORMANT	lvey Reed lagerstown	, Md.		Specify whether injury occurred in Thousant, in nome, of in Poblic Pl	
18. BURIAL, CREMATIO	N, OR REMOVAL			Manner of injury	
Placa Park	Head Ceme	et Bate Sept	· 10 _{,19} 36	Neture of injury	
19. UNOERTAKER ST	yder-Rowla Clearsprin	and Fune	ral Home	24. Was disaase or injury in any wey related to occupetion of dacaesad?	
20. FILED SELT	10,1936-6	Mast	Bower	(Signad) Days A. Shewer	7 - M. D
			Registrar.	(Address) lasspring!	Qt.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

B.—WRITE PLAI

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should state of OCCUPA-

Exact statement

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MARGIN RESERVED FOR BINDING

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BUREAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL :	SPACE FOI	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

09618

1. PLACE		-	(120)	30-
County	Washingto	n Coulthin GORPONATE L	Registration Dist. No	302
Village or	City Hagers	town Md	No. 23/1/edge	St., War
Length of re	esidance in city or town where		If death occurred in a hospital or institution, give its NAME instead of sds. How long in U.S. il ol loreign birth?yrs	
			St 2 Ward.	
(a) Resid	ence: No	Ridge Ave. (Usual place of abode)	St., ward. If nonresident give city	or town and State
		TICAL PARTICULARS	MEDICAL CERTIFICATE OF E	EATH
3. SEX	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Married	21. DATE OF DEATH Sept. (Month) (Da	15, 193 6 y) (Year)
5a. If married, wid		Mexities		
HUSBAND of	Minnie Ro	binson	22. LHEREBY CERTIFY, That	attended deceased from
S DATE OF BIRT	H (month, day, and year)	8014 15 1855	I last saw le alive on Deft 11	19.3 6 : death is sa
	fears Months	Days If LESS than	to have occurred on the date stated above, at 9. 11-Pm.	
5	30 1	1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causas of impowere as follows:	
8 Trade no	fession or particular		wife as follows.	Oate of onse
SAWY	f work done, as SPINNER. ER, BOOKKEEPER, atc	tired		
O work	r business in which was done, as SILK MILL,	Ola a anna la a m	acute circhal hers	where
SAW N	AILL, BANK, etc	Shoemaker 11, Total time (years)		
- 11 - 11110 00	cupation (month and	spant in this		
	Cmi+	bhuma Md	Other Contributory Causes of importance:	
12. BIRTHPLACE	(city or town)Smit ountry)	mung- Mar	artern-selesases	,
13. NAME	John Robin	nson	- www.	
I	CE (city or town)		Name of operation	Oate of
(State	or country)	4454.	What test confirmed diagnosis? W	
15. MAIOEN	NAME TITO	Sigler	23. Il death was due to external causes (VIOLENCE) fill in also	
15. MAIOEN I	CE (city or town)	9	Accident, suicide, or homicide? Data of Ir	
∑ (Stata	or country)		Where did injury occur?	
17. INFORMANT (Address)	Minnie F 357 Ridge	Robinson	(Specify city or town, co Specify whether injury occurred in INDUSTRY, in HOME, or in	
	ATION, OR REMOVAL		Manner ol injury	
Placa_S	mithburg, M	d. Date Sept. 18,19.36	Nature of Injury	
19. UNDERTAKER (Address)		W. Kraiss	24. Was diseasa or injury in any way related to occupation of o	leceased?
20. FILED SE	t-17 1026-6	host Jower	(Signad) (Signad)	reals M,
20. 112032.39	Julianiskan g 1 Juli 28 Julia	Registrar.	(Address) / O. Sils for	un had

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V. S. No. 1

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Chronic interstitial nephritis 2 1936	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
BUREAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAL
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of OCCUPA.

V. S. No. 1

STATE OF MARVI AND	CERTIFICATE OF DEATH			
1. PLACE OF DEATH	BY SY			
County Washington	Registration Dist. No.			
Village or City Hagerstown (1f Length of residence in city or town where death occurred 42 yrs mos.	No. Washington County Hospital Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?			
2. FULL NAME Howard E. Rowe	If U. S. Veteran, specify WAR			
(a) Residence: No. 607 Sunset Avenue (Usual place of abode)	St., Ward. If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH September 1, 193 6 (Month) (Oay) (Year)			
ie. If married, widowed, or divorced HUSBANO of Evelyn Rowe	22. I HEREBY CERTIFY, That I ettended deceased from august 21, 19.36, to Supt. 1, 19.26			
5. DATE OF BIRTH (month, day, end year) July 6, 1894	I last saw h alive on			
7. AGE Years Months Oays If LESS than 1 day,hrs. ormin.	to heve occurred on the date stated above, et. 6:15 A. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:			
A Jrade, profession, or particular kind of work done, as SPINNER, Cabinet Maker SAWYER, BOOKKEEPER, etc.	Prostatie alesses 8/1436			
9. Industry or business in which work was done, as SILK MILL, Moller Organ Wks. SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and spent in this				
12. BIRTHPLACE (city or town) Hagerstown (State or country) Md	Other Contributory Causes of importanca:			
13. NAME George W. Rowe	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			
14. BIRTHPLACE (city or town) Washington County Md.	Name of operation Service Section Date of 5/28/36 What test confirmed diagnosis? Was there an autopsy?			
15. MAIOEN NAME Lillian Mundey	23. If death was due to external causes (VIOLENCE) fill in also the following:			
16. BIRTHPLACE (city or town) Washington County (State or country) Md.	Accident, suicide, or homicide?			
17. INFORMANT Mrs. Evelyn Rowe (Address) Hagerstown, Md.	(Specify city or lown, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			

(Address) If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Nature of Injury.

If so, specify

24. Was disease or injury in any wey related to occupation of deceased?

Homes and Consumer Yel

town, Md. Oate Sept. 4 ,1936

Fred W. Kraiss, Hagerstown Me.

19. UNDERTAKER

(Address)

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	Example I	i	Example II	
The principal cause of of importance were as Arteriosclerosis	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephr		1921	Run over by street car	1 week ago
Cerebral hemorrhage	001 0 1931	July 5,1927	Peritonitis	3 days ago
Other contributory ca	2 171(12)	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
				3000

very important.

DEATH

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LION

19. UNDERTAKER

STATE OF MARYLAND—CERTIFICATE OF DEATH 09620 1. PLACE OF DEATH WITHIN GORPORATE AMONTS OF County Washington Registration Dist. No. S. Potomac Street st Village or City Hagerstown (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred yrs mos. ds. How long In U.S. if of foreign birth? vrs. mos. ds. Lillian M. Schildenchtt If U. S. Veteran, specify WAR 2. FULL NAME 401 S. Potomac Street (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) September Female White Wldow 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from Burton C. Schildknecht (or) WIFE of 1936 to Sept 22 January 1. 1872 6. DATE OF BIRTH (month, day, end yeer) 4:35A m 7. AGE If LESS than Years Months Davs 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 9 64 or____min. 8. Trade, profession, or particular kind of work done, as SPINNER, Home Work SAWYER, BODKKEEPER, etc. OCCUPATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this Other Contributory Causes of importance. Unknown 12. BIRTHPLACE (city or town) ___ Va. (State or country) FATHER Unknown 13. NAME Name of operation... (State or country) MOTHER Lucy Jane Swartz 15. MAIDEN NAME 23. II death was due to external causes (VIOLENCE) fill in elso the following:

Unknown 16. BIRTHPLACE (city or town) (State or country)

Dr. Page Schildknecht. (Address) Lancaster. Pa.

Fred W. Kraiss

18. BURIAL, CREMATION, DR REMOVAL Place Hagerstown, Md. Date Sept. 24,1936.

Hagerstown, Md 20. FILED Registrar.

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury Nature of injury_ 24. Was disease or injury in any way related to occupation of deceased?...

II so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Ex	cample I		Example II	
The principal cause of dear of importance were as follo	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	007 2 100C	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	001 0 1000	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
			D = 1 = 1 = 1 = 1		1 11 10101111

B.—WRITE PLAIN

V. S. No. 1

1. PLACE OF DEATH		(31)	07
County Washingto	on.	Registration Dist. No. 3	02
		ke No. St., 4 death occurred in a hospital or institution, give its NAME instead of street and nu ds. How long in U.S. if of foreign birth? yrs. mos.	Ward
	eller Sneckenber n Pike, Near Hag	ger. If U. S. Weteran, specify WAR	
PERSONAL AND STATISTI	(Usual place of abode)	MEDICAL CERTIFICATE OF DEATH	Kale
3. SEX Male 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR MAYOR GED (Surjecthe word)	21. DATE OF DEATH Sept 20 (Month) (Day)	193 6 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nevada	20. 2000	22. I HEREBY CERTIFY, That I attended do	, 1934.
6. DATE OF BIRTII (month, day, end yeer) 7. AGE Yeers Months 58 56 9	Dec 12, 1879. Oays If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, et 5 P M. The PRINCIPAL CAUSE OF DEATH and releted causes of importence were es follows:	Date of onset
(State or country)	11. Total time (years) spent in this occupation ington County do •	Other Contributory Causes of Importence:	1984
14. BIRTHPLACE (city or town) Was (State or country)		Name of operation Date of Date of What test confirmed diagnosis? Wes there an au	
16. BIRTHPLACE (city or town) Wash:		23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Oate of injury Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	:
19. UNDERTAKER Fred W. K. (Addiess) Hagerston 20. FILED Eft 22, 1936	raiss.	24. Was disease or injury In any wey related to occupation of deceased?	, M. D

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

		dence in city or tow	where d	eeth occurred	yrs,mo	No. 59 Fenton Ave If death occurred in a hospital or institution, give its NAME is seemed. ds. How long in U.S. if of foreign birth?
2	(a) Residence	ce: No. Sa	ne a	8 a bove (Usual place	of abode)	St.,WardIf nonresident gi
2 5		AL AND STA		CAL PARTI	CULARS	MEDICAL CERTIFICATE
T	Emale	4. COLOR TOR BY	CE	OR DIVORCE	RIED, WIDOWED, D (write the word) LOWED	21. DATE OF DEATH
5a.	If married, widowe HUSBAND of (or) WIFE of		нз	nyder		22. I HEREBY CERTIFY
6. I	ATE OF BIRTH (month, day, end yee	r I	ec 29,	1853	l lest saw h elive on
7. /	GE Year	1	nths	3 Days	If LESS than 1 dey,hrs. ormin,	to have occurred on the date stated above, at
NOL	8. Trede, profes kind of w SAWYER,	sion, or particular ork done, as SPINN BOOKKEEPER, etc	er, H	lousewor		General Debility
OCCUPATION	Work was SAW MILI	ousiness in which done, as SILK MILI L, BANK, etc	a	t home		Rimary Cares : Cirterio Aclenosis No medical attendar
ŏ	10. Date decease this occup year)	ation (month end		11. Total ti	ime (yeers)	Direction 3 not stated a
12.	BIRTHPLACE (city	y or town)	llst		d)	Other Contributory Causes of importence:
HER	13. NAME A	dam McC				
FATH	14. BIRTHPLACE (State or	(city or town) country)	MOO	res Mil	.1 Md	Name of operation
HER	15. MAIDEN NAM	ME Susan	na S	nyder		23. If deeth wes due to externel causes (VIOLENCE) fill I
MOTHER	16. BIRTHPLACE (State or	(city or town)	Mil	Lstone	Md	Accident, suicide, or homicide? De Where did Injury occur?
	(Address) W	Mrs Joh	ort	narer		(Specify city or to Specify whether injury occurred In INDUSTRY, In HOMI
	BURIAL, CREMATI	ne Md			\$, 1936	Menner of Injury
19.	UNDERTAKER	Albert	Lea 111	f amsport	Md-,	24. Was disease or injury In any wey releted to occupation

	MEDICAL		dent give city or town	
2	1. DATE OF DEATH		, 5,2 3	5 193 6
_		(Month)	(Day)	(Year)
2			FY, Thet I etter	
-				
_	l lest saw h elive on			; deeth is sel
	to have occurred on the date st	ated ebove, at	m.	
- 11	The PRINCIPAL CAUSE OF DE were as follows:	ATH end related o	causes of Importence	Data of onse
				D2(4 0) 0(184)
	General D	ebility		
_5	Primary Cause: A No medica	rtenio-scler	osis. Cent	R
	No medica.	l atten	dance	No.
	Duration 3 net st	ated		25.5
	Other Contributory Causes of im	portence:		
	Name of operetion			
- -	What test confirmed diegnosis?_		Wes there	en eutopsy?
18	3. If deeth wes due to externel o			
-	Accident, suicide, or homicide?		Dete of injury	, 19
_ 1	Where did Injury occur?			
	Specify whether injury occurred	In INDUSTRY, in	For town, county and HOME, or in PUBLIC	State)
	Menner of Injury			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

act ber.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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007 6 2006			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state of OCCUPAproperly classified. Exact statement TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be

MARGIN RESERVED FOR BINDING

M

1. PLACE OF DEATH	D CERTIFICATE OF DEATH
1. PLACE OF DEATH County Mashington ORREGE	Registration Dist. No. 302,
Village or City Hagerstown.	Wash Callas 1.1 2
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residance in city or town where death occurredyrs,l	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME MOST H. Socks	S. Veteran, specify WAR
(a) Residence: No. 12 37. Potomac!	Aucst., AS Ward.
(Usual place of abode) .	If nonresident give city or town and Stale
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOV	
OR DIVORCED (write the w	Sept 17. 1036
5a. If married, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
(0.1	- 1-26, 10 ,1936, to Sept. 17 ,19 30
6. DATE OF BIRTH (month, day, and year) UCT 28-1935	I last saw h_17_aliva on dept 16, 1931; death is said
7. AGE Years Months Days If LESS	
10 17· orm	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Acido212 9/193
9. Industry or business in which	1 (40218
O Date deceased last worked at this occupation (month and year) spent in this year) occupation	
12. BIRTHPLACE (city or town) Hageystown	Other Contributory Canaca of importance
(State or country)	Intesterial Landigestion 4/1/30
I 13. NAME Mobt. H. Socks	They be a second of the second
13. NAME TOST HOOKS 14. BIRTHPLACE (city or town) Hagerstown	Nama of operation Data of
(State of country)	What test confirmed diagnosis? 1914 17 Was there an autopsy?
15. MAIDEN NAME TO THE PORT OF THE PROPERTY OF	23. If death was due to external causes (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) HQQQYS+0WH	Accident, suicide, or homicide? Data of Injury19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MODET H. SOCKS SI	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Hageystown, 18. BURIAL, CREMATION, OR REMOVAL	No. and the
Place Hagerstown Date 2011 101	Manner of injury
A.K Pall	
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
20 curs 8-17- 36 Wastel Bris	(Signed) A Chu Din M.D.
20. FILED 7 - [, 1900 PMST Journ	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I	1	Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.— CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

Exact statement of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

09624

1. PLACE OF DEATH		<u></u>		
County Washington		Registration Dist. No. 303		
Village or City Big Spring			Ward	
Length of residence In city or town where deat	h occurred		death occurred in a notpital or institution, give its IVAIVIE, instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Mary Cathe			If U.S. Veteran specify WAR	
			St Ward.	
(a) Residence: No. Big Spring	(Usual place of	f abode)	If nonresident give city or town and State	
PERSONAL AND STATISTIC			MEDICAL CERTIFICATE OF DEATH	
Female 4. COLOR OR RACE 5.	SINGLE, MARR OR DIVORCED Widow	IED, WIDOWED, (write the word)	21. DATE OF DEATH September 11 (Day) 1936	er)
5a. If married, widowed, or divorced HUSBAND of			22. Q I H/E)REBY CERTIFY, That I attended decease	
(or) WIFE of Martin Luther S	Sowers		Sunly Z, 19 36, 10 Cue Z, 19	3 €
6. DATE OF BIRTH (month, day, end year) NOV.	12. 186	66	Hast saw h 2 alive on Quy Z, 1936; death	is sald
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, et. 12: 10P.m.	
69 9	29	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	ofonset
8. Trade, profession, or particular		Marie State		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	ne_Work		he scard al	
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.			3. (200	
10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spant in this occupation		Custoff Costs		
12. BIRTHPLACE (city or town) Bedford C (State or country)	lounty		Other Contributory Causes of Importence:	
			Vienna and Williams	
I The state of the			Name of operation Date of	
14. BIRTHPLACE (city or town) Unknown (State or country)			Whet test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME Christine Potts			23. If death wes due to external causes (VIOLENCE) fill in also the following:	
6 16. BIRTHPLACE (city or town) Unknown		Accident, suicide, or homicide?		
(State or country)			Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Mrs. Newton Bart			Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) Big Spring, Md. 18. BURIAL, CREMATION, OR REMOVAL			Manner of Injury	
Place Clearspring, Md. Date Sept. 13 1936.		Nature of Injury		
19. UNDERTAKER Snyder-Rowland Funeral Home, (Address) Clearspring Md.		24. Was disease or injury lit any way related to occupation of deceased?		
20. FILED 3., 1936	Orza	Registyer.	(Signed) (Address) (Addres	M. D.
If more bla	inks are needed, ac	des State Registrar,	2411 N. Charles Street, Baltimore, Koruesting V. S. No. 1.	1.

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te of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1015		
1915	Attack of epilepsy	1 week ago
ly 5,1927	Peritonitis	1 week ago 3 days ago
	Other contributeur course of important	
ay 1,1923	Gastroenteritis	1 year
		Other contributory causes of importance:

2 31 8	If U. S. Veteran, specify WAR
	St., Ward. If nonresident give city or town and State
RS	MEDICAL CERTIFICATE OF DEATH
OOWED, he word)	21. DATE OF DEATH (Month) (Oay) (Yeer)
	22. I HEREBY CERTIFY, Thet I ettended deceased from 19, 19, 19, 19
87	I last saw h alive on, 19; deeth is said
ESS than	to have occurred on the date steted above, atm,
hrs. min.	The PRINCIPAL CAUSE OF DEATH and related causes of importence ware as follows:
rer.	orlf inflicted
5475	Other Contributory Causes of Importanca:
0~	Mema of operation Octo of Octo of
a	What test confirmed diagnosis? Was there an eutopsy?
n Læ	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Accident
4	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
1, 19.36	Menner of Injury
w	24. Was disease or injury in any wey ralated to occupation of deceased? If so, spacify

V. S. No. 1

m

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19. UNOERTAKER

20. FILED

(Address)

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclcrosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			THE OPT THE

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
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STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		10'f-a)
County Vashingto	n	Registration Dist. No. 803
Village or CityBig_Spring	RFD	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) os. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Nary Cat (a) Residence: No. Big Sprin		If U.S. Veteran specify WAR
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow	21. DATE OF DEATH September (Day) (Ver)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joshua Steve 6. DATE OF BIRTH (month, day, and year) Feby	. 13, 1861	22. LHEREBY CERTIFY, That I attended deceased from 21, 19.36, to 21, 19.36; death is said
7. AGE Years Months 75 7	B If LESS than 1 day,hrs	to have occurred on the data stated above, at 2:45 .Pm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of ones.
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) Wash (State or country)	11, Total time (years) spant in this occupation	Other Contributory Causes of Importance:
13. NAME William Trump 14. BIRTHPLACE (city or town) Washing (State or country)		Name of operation
15. MAIDEN NAME Sallie Hose 16. BIRTHPLACE (city or town) Frankli (State or country)	in County	23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Leonard M. Stever (Address) Bir Spring Md. 18. BURIAL, CREMATION, OR REMOVAL Place St. Paul!s Gemet.		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury
19. UNDERTAKER - Snyder-Rowland - I (Address) Clearspring Me	Tunera-1-Home	24. Was disease or injury in any way related to occupation of deceasad? If so, specify (Signed) (Address) (Address) (Address) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Z. B.

AGE should be stated EXACTLY. PHYSICIANS should state

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of importance were a	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	Aritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	OCT 7 1936	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.		•	
Other contributory o	auses of importance:	T)	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—TIIIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH 09627				
1. PLACE OF DEATH				
County Crashing TON HITHIN GORPOMATE LIM	Registration Dist. No. 302			
Village or City Hage stone - Wash	1. Non Hospital St 3 Ward			
(If Length of residence in city or town where death occurredyrs,mos,	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrs			
0-10	54 11.			
2. FULL NAME Within Melvin	Veteran, specify WAR.			
(a) Residence: No. / Sulve (a mode)	St., Ward. If nonresident give city or town end State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH //			
Male while widowed	Veflendeer - L 1936. (Month) (Day) (Yeer)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. A I HEREBY CERTIFY. That I attended deceased from			
(or) WIFE of Sarah & Stoutter.	22. ALL HEREBY CERTIFY, That I attended deceased from			
6. DATE OF BIRTH (month, day, end year)	I last saw like alive on Acht 11 1936; death is said			
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8. C. m.			
82 10 27 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were es follows:			
9 Tende profession or particular	Date of one of			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	meeting, Plantine timbrie 8/26/36			
9. Industry or business in which work wes done, es SILK MILL,	mary cause: Feeal impaction. Cuts B.			
Kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, es SiLK MILL, SAW MILL, BANK, etc. 11. Total time (years) this occupation (monthead spent in this occupation (monthead spent in this comments).	not due to career			
this occupation (month and year) occupation 1936 occupation (month and year)	***************************************			
P .	Other Contributory Causes of importance: 4.			
12. BIRTHPLACE (city or town) (State or country)	Chrome Tron Calelly 0/20/80			
E CONTRACTOR OF THE PROPERTY O				
Z 14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of			
15. MAIDEN NAME TOOMS: Peralle.10	What test confirmed diagnosis? Wes there an autopsy?			
	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?			
O 16. BIRTHPLACE (city or town) (Stete or country)	Where did injury occur?			
Prop TI Stulle	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.			
17. INFORMANT (Address)	open, menor mary eccured at the estat, in front, of the object feace.			
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury			
Placy alimnes Centry Date & cft. 5, 1936	Nature of injury			
19. UNDERTAKER CITULE 3. Bust 4-Son	24. Was disease or Injury in any way related to occupation of deceased? Ro			
(Address) Beggebon md	If so, specify			
20. FILED 9-4- 1936 blost Bowers	(Signed) Adulust M.D.			
Registrar.	(Address) / Sometime. ml			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were	e of death and related causes as follows;	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DUCELUEDI	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne		1921	Run over by street car	1 week ago
Cerebral hemorrhage	OCT 6 1936	July 5,1927	Peritonitis	3 days ago
	BUSEAU V S			
Other contributory	causes of importance:	THE RESERVE	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		Muy1,1828	- Ousit better tits	1 year
				1200000000

V. S. No. 1

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STATE OF MARYLAND	CERTIFICATE OF DEATH 09628
1. PLACE OF DEATH	
County Washington	Registration Dist. No. 302
Village or City (III	ND. 2 3 8 Factured St., 2 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Hary Cecelia Ih	oma & If U. S. Veteran, specify WAR
(a) Residence: ND. 288 Foundry (Usual place of abode)	St., 2 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the wgrd)	21. DATE OF DEATH Sept 30 th
single waite single	(Month) (Day) (Year)
ion. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) Nov-9-1918	I last saw had alive on Alfx 27 19 26; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
17 10 9 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, A SAWYER, BDOKKEEPER, etc.	Date of onset
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	Mr. Kar Start Land
10. Date deceased last worked at this occupation (month and year)	My me seriosis and sugar
12. BIRTHPLACE (city or town) — Maryland — (State or country)	Dther Coutributory Causes of importance:
(State of country)	
13. NAME PPIChael J. Inomas	
14. BIRTHPLACE (city or town) may land. (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Beitha Divilbin	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFDRMANT M. J. Shomas	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVE	Manner of injury
Place Hageistour Date / 3 ,1936	Nature of injury
19. UNDERTAKER 6. M. Suleet Sons	24. Was disease or injury in any way related to occupation of deceased?
(Address) Hagestour, ma	If so, specify
10/21 . 36 Thast Bowers	(Signed) Milys, M.D.

Registrar.

(Address) / RSS Som Mil

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Dete of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

mation should be carefully supplied. AGE should be stated EXACTLY.

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TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

PHYSICIANS should state

properly classified. Exact statement of OCCUPA-

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(40)
County (Cas hugler WITHIN GORPORATE	Registration Dist. No.
Village or City Haguston - Chash	desth occurred in a hospital or institution, give its NAME instead of street and number)
	/Qds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ethel Lena, Thelma	Walks Veteran, specify WAR
(a) Residence: No. Smithsburg Md (Usual place of abode)	St., Ord. If uonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	(Month) (Oay) (Yeer)
5a. If married, widowed, or divorced	/ (Month) (Oay) (Yaer)
HUSBAND of (or) WIFE of (O)	22. 1 HEREBY CERTIFY, That i attended deceased from
queses C. warry.	cung 17, 1036, 10 Sept?, 1936
6. DATE OF BIRTH (month, day, and year) (12, 28, 1989	I last saw alive on alive on 196 ; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated above, at / 35 4 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
27 0 9 ormin.	wera as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	through the clostron ling 20/36
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc	
this occupation (month and spent in this 7 440.	
5-11	Other Contributory Causes of importence:
(State or country)	Depresuna
(State or country) West. Co. Md.	Nama of operation Date of Was there an autopsy?
15. MAIDEN NAME LAND. STAND	23, If deeth was due to external causas (VIOLENCE) fill in also the following:
700 110 t	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) Union delection (State or country) Co. 771d.	Where did injury occur?
Russel a first.	(Specify city or town, county and State) Spacify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) Smiths ruse Md-	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Burneline Md. Oate Sight. 9, 1906	Natura of injury
19. UNDERTAKER D. Dast You	24. Was disaasa or injury in any way releted to occupation of daceased?
(Address) Booustone ma.	If so, specify
36 bycastilower	(Signed) Daniel a. Tera Haus M.O.
20. FILED 7/ 10 6 Projections	(Address) Trageratour Ind

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by strect car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

7. S. No. 1

Filed

If more b.anks are needed, addre.s ttate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registra

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Screant, Cook, work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken definite salary, may be entered as Housewife, House laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman, (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Housemaid, etc. If the occupation has been changed Physician, Compositor, Architect, report specifically the occupations of persons enarst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many factory. The material Locomotive engineer, Grocery;

Strtement of Cause of Death—Name, first, the DISEA CAUSEING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diserse. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrosi inal meningitis"; Diphiloria (avoid use of "Croup"); Typhoid fever (never report?" Typhoid Pneumonia,"); Lobar pneumonia, Bronchopheumonia ("Pneumonia,")

stited unless important. Example: Measles (disease can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature carbolic acid-probably suicide. The n ture of the injury, decident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgi al operation was under-"PUERPERAL seplicacnia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely s; mptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menclarity) may be stated under the head of "contributory." Talign. FOR VIOLENT DEATHS State MEANS OF INJULY (secondary American Medical Association.) Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) Chronic affection etc. The contributory valvular heart disease; need not be

If this certificate is looked over thoroughly and a 1 qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	940
County Washington VITHIN	Registration Dist. No. 3 U 2
Villago or City Hagkestown	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Mettie M. Wels	If U. S. Veteran, specify WAR
(a) Residence: No. 125 E, Washingt	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If matried, widowed, or diverced. HUSEPAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Hay 21-1860	I last saw hele alive on Deft 18 , 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6 A A m.
76 4 2 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	acegina Acloris Date of onest
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this excusation (month and	
10. Date deceased last worked at this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or town) Aagerstown (State or country) Phanyland	Other Contributory Causes of importance: Muy ocht delles + Hy perhausen
E 13. NAME audrew Boward	
14. BIRTHPLACE (city or town) — The authority of the or country)	Name of operation Date of
(State of County)	What test confirmed diegnosis? Wes there an autopsy?
# 15. MAIDEN NAME Latherine Elifich	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT trank Welsh (Address) Hagerstown md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 14 Gerstown Date 1 20, 19 3 6	Neture of injury
19. UNDERTAKER & M. Sutert Sons	24. Was disease or injury in eny way related to occupation of deceased?
(Address) Hageyslough md	If so, specify
20. FILED Sept 19, 1936 OMNITTO Jowess	(Signed) (Address) Mague form M. D.
Registrar.	(Address) A. I

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied.

AGE should be stated EXACTLY. PHYSICIANS should state

MARGIN RESERVED FOR BINDING

Exact statement of OCCUPA-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Total to the state of the state				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

mation should be carefully supplied.

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STATE OF MADVI AND	CERTIFICATE OF DEATH 09633
1. PLACE OF DEATH	CERTIFICATE OF DEATH 199033
A A A WITHIN CO.	30 71
311	magnatura biot.
Village or City Hageslow Ind.	No. /20 East 9 rown Ose St., 4 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Clara Ellen Wis	hend If U. S. Veteran, specify WAR
(a) Residence: No. A aguatom Md : (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (varie tha word) Carrie tha word)	21. DATE OF DEATH (Month) (Day) (Year)
(or) WIFE of Charles m. Twisherd	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h. e.m. aliva on 24/1 20 , 19 36; death is said
7. AGE Years Months Ofys If LESS than	to have occurred on the date stated abova, at 12.30. 9m.
70 6 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
8 Trade profession or particular	were as follows:
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL,	Corchany Throwbesis Sehtie
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Data deceased last worked at this occupation (month and year) spent in this occupation occupation occupation	
12. BIRTHPLACE (city or town) Beaver Creek (State or country) Wash, Co. md.	Other Coutributory Causes of Importance:
E B. Orach	
(State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy? ###
E .C. C.	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide? Date of injury, 19
This 74.11: The Turily	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
(Address) /20 E. Drime and Hagestone md	Specify whether injury occurred in thousant, in nome, of in Public Place.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Festivings Cemitary 000 ept 122. 1936	Nature of injury
19. UNDERTAKER (1) M. Dast 45 gy	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20. FILEO 9/ Re 1/ 1906 - What To voewerk	(Signed) Lolgan J. Come Phy (M. D.
Registrar.	(Address) Nagers To-us (VI) O

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	- I	Example II		
The principal cause of death and related eauses of importance were as follows: EIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy		
Chronic interstitial nephritis OCT 8 1936	1913	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

S. No.

M

(Usual place of abode)

5. SINGLE, MARRIED, WIDOWED.

OR DIVORCED (write tha word)

If LESS than

1 dayhrs.

or min.

PERSONAL AND STATISTICAL PARTICULARS

Single

Months

Trade, profassion, or particular kind of work dona, as SPINNER, Retired Music SAWYER, BDDKKEEPER, etc.

7

February

Days

9

Teacher

Hagerstown

Witzenbacher

Germany Nannie Witzenbacher

Hagerstown, Md

C. M. Suter & Sons

Hagerstown

Place Hagertsown, Md . Data Sept. 26, 19 36

11. Total tima (years) spent in this

occupation ___

4. COLOR OR RACE

White

(31)			
	Registratio	n Dist. No30	2
Np. 18 E. Wash	ington	St. St., ME instead of street and	Ward number)
ds. How long in U.S. If o	f foreign birth?	yrs	mosds.
nerIf U. S. Veteran,	specify WAR_	••••••	
St., 3 Ward		ent give city or town a	1.0
MEDICAL C		E OF DEATH	nd State
21. DATE OF DEATH	ENTIFICAT	2 OF BEATH	
21. DATE OF DEATH	9	2.8	, 193 G
	(Month)	(Day)	(Year)
22. O I HEREBY	CERTI	FX. That I attende	d deceased from
Sept 22	, 19_1930-, to	Jeht 23	, 19.3.6.
I last saw h_C elive on	Sept	23 ,19.3	.; deeth is said
to have occurred on the date state			
The PRINCIPAL CAUSE OF DEAT			
were es follows:			Date of onset
Carolio_vaseulas		2 00000	. 7
Carretto - America			
Other Contributory Causes of impo			
Vypertensis			
Name of operation		Date of	A
What test confirmed diagnosis?		Was there a	n autopsy?
23. II death was dua to external car	uses (VIOL ENCE)	fill in also the follow	ing:
Accidant, suicida, or homicide?			
Where did injury occur?			
Specify whether injury occurred in	(Specify city n INDUSTRY, in	or thwn, county and S	tate)
		, 0, 002.10	
Manner of injury			
Nature of Injury			
24. Was disease or injury In any w			Us
If so enecify	- 1		
(Signed) 2. T.	2 60	• ((M. D
(oikiien)	" MARCHET " THE TALL	£14	

(Address) Nacers area

PHYSICIANS Every statement Exact stated EXACTLY. classified. certificate. properly be jo back it may on that See instructions CAUSE OF DEATH in plain terms. mation should be carefully important. -WRITE PLAI very S LION

OCCUPA

Jo

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

Female

5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, end year)

Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, atc.

this occupation (month and

William

10. Date deceased last worked at

14. BIRTHPLACE (city or town) (State or country)

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

12. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

13. NAME

70

plnods

19. UNDERTAKER

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1			Example II		
The principal cause of importance were	e of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	OCT 6 1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	ophritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDING

-WRITE PLAINEY,

V. S. No. 1 ä

1	. PLACE OF DEAT	гн	WITHIN		(#9)		
	CountyW	ashingto	n.	ORPORATE LIMI	Registration Dist. No. 38 2		
	Village or City_ Wa	shington	n Count	ty Hospita	L No. St., S Ward		
	Length of residence in cit	y or town where de	eth occurred		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foraign birth?mosds.		
	. FULL NAME				If U. S. Veteran, specify WAR		
	(a) Residence: No	1106 Po]	pe Ave.		St., Ward.		
			(Usual place	e of abode)	It nonresident give city or town and State		
_	PERSONAL AN				MEDICAL CERTIFICATE OF DEATH		
		White		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)		
5a.	If married, widowed, or divo	rcad					
	HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY. That I attanded deceased from		
		end year) Aug	x 11, 1	1936.	I lest saw harmalive on 9, 19, 19, ideath is seid		
-	DATE OF BIRTH (month, day AGE Years	, ond your,	Days	If LESS than	to have occurred on the data stated above, etm.		
1.	AGE 16912	Months	13	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance		
_	1		10	ormin.	were as follows: Date of onset		
OCCUPATION	8. Trada, profession, or pa kind of work done, SAWYER, BOOKKEE	as SPINNER,	•••••				
PAT	9. Industry or business in work was done, as S	which			- Malnutation 9/		
2	work was done, as S SAW MILL, BANK, e 10. Data deceased last wor		l 11 Tatal	time (wase)	1/0/		
ŏ	this occupation (mor	nth and	Sp. Colai	time (years) ent in this cupation	Gostina Minde		
-	year)		erstown		Other Contributory Causes of importanca:		
12	. BIRTHPLACE (city or town). (State or country)	ııag,	EL S CO WI	ii 9 Ivia			
~	1	arl Wyar	ho				
HE	I3. NAME						
FATHER	14. BIRTHPLACE (city or to (State or country)	wn)W&	ashing. Md	ton Count	What test confirmed diagnosis? Was there an autopsy?		
ER	15. MAIDEN NAME	Edith \	Welty		23. If death was due to external causes (VIOLENCE) fill in also the following:		
MOTHER	16. BIRTHPLACE (city or to (State or country)	wn) Wash:	ington	County.	Accident, suicide, or homicide?		
-	(State of Country)				Where did injury occur? (Specify city or town, county and State)		
17	. INFORMANT		Nyand.		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18	(Address) -	lagersto	WII		Manner of injury		
	Placa Rose Hi		t Date Se	pt 25 19 30	Nature of injury		
-		Fred	W. Kra	aige.	24. Was disease or injury in any way-related to occupation of deceased?		
19	(Address)		gersto		If so, specify		
-	9- 75	21 /9	MATY	Frewert	(Signed) M. D		
20	FILED 4 - ,	19261010		Registrar.	(Address)		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage OCI 1930	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S				
Other contributory causes of importance:	Name :	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--	------------	-------	-----	---------	------------	----	-----------